

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000067944

1. Entity Name
LOHER'S PROPERTIES, INC.



Principal Place of Business
5143 COMMERCIAL WAY
SPRING HILL, FL 34606

Mailing Address
5143 COMMERCIAL WAY
SPRING HILL, FL 34606

**FILED
Apr 11, 2005 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



03192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3589265	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOHER, DONALD W
5143 COMMERCIAL WAY
SPRING HILL, FL 34606

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME LOHER, DONALD W
STREET ADDRESS 5143 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL, FL 34606

000000298038
04/11/05-80054-003 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONALD W. LOHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 865-428-5388
Date Daytime Phone #