

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000049510

**Entity Name:** LORI DREISBACH, PA

**Current Principal Place of Business:**

1847 W. WINDY WAY  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

P.O. BOX 600579  
JACKSONVILLE, FL 32260

**FEI Number:** 47-1083582

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DREISBACH, LORI  
1847 W. WINDY WAY  
SAINT JOHNS, FL 32259 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            DREISBACH, LORI  
Address        P.O. BOX 600579  
City-State-Zip: JACKSONVILLE FL 32260

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORI DREISBACH

**PRESIDENT**

**01/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date