

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # 277893

1. Entity Name

J. LILES, INC.



Principal Place of Business

16600 SE HWY 19
CROSS CITY FL 32628

Mailing Address

PO BOX 340
CROSS CITY FL 32628



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-1050939

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LILES, JARRETT H. JR.
MAIN ST
CROSS CITY FL 32628

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 authorized agent and title (if applicable)

(NOTE: Registered Agent's signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PDT
NAME: LILES, J.H. JR.
STREET ADDRESS: MAIN STREET
CITY-STATE-ZIP: CROSS CITY FL

☐ Delete

TITLE: S
NAME: WOODY, BERNARD C
STREET ADDRESS: 1ST AVE
CITY-STATE-ZIP: OLD TOWN FL 32680

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TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

U000000855972
03/27/08-80072-010 150.00

TITLE:
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CITY-STATE-ZIP:

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: BERNARD C. WOODY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

CLERK

352-498-3524

Daytime Phone