


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90422 050 ***150.00

DOCUMENT # P01000111947 1. Entity Name LIDDELL INDUSTRIES, CORP.	
--	---

Principal Place of Business 556 D N. HIGHWAY 27 CLERMONT FL 34711	Mailing Address P.O BOX 120888 CLERMONT FL 34711
---	--



MOORE CR2E034 (11/03)

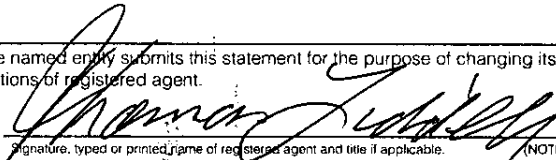
2. Principal Place of Business Suite, Apt. #, etc. 556 D N. Highway 27	3. Mailing Address P.O. Box 120888 Suite, Apt. #, etc.
--	--

City & State Clermont, FL	City & State Clermont, FL	4. FEI Number 01-0580963	Applied For <input type="checkbox"/> Not Applicable
Zip 34711	Country U.S.A.	Zip 34712	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent LIDDELL, THOMAS 11020 OLEANDER DRIVE CLERMONT FL 34711	7. Name and Address of New Registered Agent 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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	LIDDELL, THOMAS 11020 OLEANDER DRIVE CLERMONT FL 34711
TITLE D <input checked="" type="checkbox"/> Delete	LIDDELL, KEVIN 10349 REGAL DRIVE CLERMONT FL 34711
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  04/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #