

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90112 036 ***150.00

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04112005 Chg-P CR2E034 (10/03)

4. FEI Number **134283575** Applied For
Not Applicable

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

DOCUMENT # P04000099132
1. Entity Name
LILLY'S TROPICAL FRUIT AND NURSERY, INC.



Principal Place of Business
**34850 SW 213 AVE
HOMESTEAD, FL 33034**

Mailing Address
**PO BOX 343745
FLORIDA CITY, FL 33034**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent
**GONZALEZ, LILLIAN M
34850 S.W. 213 AVE
HOMESTEAD, FL 33034**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**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	P	☐ Delete
NAME	GONZALEZ, LILLIAN M	
STREET ADDRESS	34850 SW 213 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33034	

TITLE	VP	☐ Delete
NAME	GONZALEZ, ROLANDO	
STREET ADDRESS	34850 SW 213 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33034	

TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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, changed, or on an attachment with an address, with all other like empowered.

Lillian M. Gonzalez, President