

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90013 033 ***150.00

DOCUMENT # 277893

1. Entity Name

J. LILES, INC.



Principal Place of Business

MAIN STREET
P.O. BOX 340
CROSS CITY FL 32628

Mailing Address

MAIN STREET
P.O. BOX 340
CROSS CITY FL 32628

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

16600 SE Hwy 19

Suite, Apt. #, etc.

3. Mailing Address

PO Box 340

Suite, Apt. #, etc.

City & State

CROSS CITY FL

Zip

32628

Country

City & State

CROSS CITY FL

Zip

32628

Country

4. FEI Number

59-1050939

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

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

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

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, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
LILES, J.H. JR.
MAIN STREET
CROSS CITY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - 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

2-26-07

Date

Daytime Phone #