


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 458436	
1. Entity Name LILCO, INC.	

Principal Place of Business 544 30TH STREET MARATHON, FL 33050	Mailing Address C/O DALL 187 MILL LANDING ROCHESTER, NY 14626 US
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03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1595124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALL, LOUISE J
 544 30TH STREET
 MARATHON, FL 33050

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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 re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALL, LOUISE 544 30TH STREET MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGES, JOAN 544 30TH STREET MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALL, GEORGE, H., JR. 544 30TH STREET MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DALL, AMY L 544 30TH ST MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DALL, MARC 544 30TH ST MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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10000513083
 04/29/06-00115-018-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Louise J. Dall President 4/10/06 885-265-8956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #