

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90004 021 ****61.25

DOCUMENT # 706669					
1. Entity Name FLEUR-DE-LIS, INC.					
Principal Place of Business #1 NO. GOLFVIEW DR. LAKE WORTH, FL 33460			Mailing Address #1 NO. GOLFVIEW DR. LAKE WORTH, FL 33460		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1003399	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMILEY, WILLIAM 1 NORTH GOLFVIEW DR APT 402 LAKE WORTH, FL 33460				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 <i>William Smiley</i> <i>William Smiley</i> DATE 1-4-04 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, JAY 1 N GOLFVIEW # 205 LAKE WORTH, FL 33460	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID B. Sbey 1 N Golfview #102 LAKE WORTH, FL 33460	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELDY, JOANNE 1 N GOLFVIEW # 501 LAKE WORTH, FL 33460	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADDEN, JOHN 1 N GOLFVIEW, #602/603 LAKE WORTH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFREY, CORBETT 1 N GOLFVIEW #401 LAKE WORTH, FL 33460	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMILEY, WILLIAM 1 N GOLFVIEW # 402 LAKE WORTH, FL 33460	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 617, 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: <i>William Smiley</i> <i>William Smiley</i> DATE 1-9-04 Daytime Phone # 361/585-5227 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



01052004 Chg-NP CR2E037 (10/03)