

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # H25046	
1. Entity Name KENT LILLY, P.A.	

Principal Place of Business 800 S. FLORIDA AVE. LAKELAND, FL 33801 US	Mailing Address 800 S. FLORIDA AVE. LAKELAND, FL 33801 US
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2505502	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LILLY, R. KENT 800 SOUTH FLORIDA AVENUE LAKELAND, FL 33801

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IN THIS SPACE**

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 file if applicable

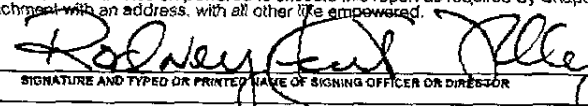
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT LILLY, R. KENT 800 SOUTH FLORIDA AVENUE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ANGELA R. PULIDO 800 S. FLORIDA AVE. LAKELAND, FL
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04/21/06-00018-010 150.00

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IN THIS SPACE**

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 I am empowered.

SIGNATURE: 	Date: 4/5/06	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		