


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H25425**  
 1. Entity Name  
**ANTHONY R. LILlich, INC.**



Principal Place of Business      Mailing Address  
**C/O ANTHONY R. LILlich**      **C/O ANTHONY R. LILlich**  
**1671 E. GRANDVIEW BLVD.**      **1671 E. GRANDVIEW BLVD.**  
**KISSIMMEE, FL 34744-6619**      **KISSIMMEE, FL 34744-6619**

**DO NOT WRITE IN THIS SPACE**



03202005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**30-8528518**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LILlich, ANTHONY R.**  
**1671 E. GRANDVIEW BLVD.**  
**KISSIMMEE, FL 32741**

**DO NOT WRITE 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 reissuing) \_\_\_\_\_ 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
NAME	LILlich, ANTHONY R.
STREET ADDRESS	1677 E. GRANDVIEW BL.
CITY-ST-ZIP	KISSIMMEE, FL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/18/05-80097-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Anthony R. Lillich      **3-31-2005 407-846-4266**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #