


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # H56625 1. Entity Name JILIES SOUTH, INC.	
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Principal Place of Business 1728 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442	Mailing Address 1728 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2541228	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONTI, VIRGINIA
1728 WEST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442**

**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 _____
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, 2005 Fee will be \$350.00	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	DP CONTI, VIRGINIA 359 WILDWOOD LANE EAST DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACAGNA, LUCY 626 EMERALD WAY WEST DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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03/24/05-80036-010 150.00

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 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: Virginia Conti Virginia Conti 3/21/05 954-421-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #