## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGN

## Secretary of State 03-18-2008 90020 031 \*\*\*150.00 DOCUMENT #J25062 1. Entity Name LITHMILLER, INC. 40048434 Principal Place of Business Mailing Address 11505 HWY. 574 11505 HWY, 574 P. O. BOX 428 P. O. BOX 428 MANGO, FL 33550-0428 MANGO, FL 33550-0428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2744693 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAEB, STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) 11505 HWY. 574 MANGO, FL 34262-7428 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change JAEB, STEPHEN L. NAME NAME STREET ADDRESS 11505 HWY. 574 STREET ADDRESS CITY-ST-7(P MANGO, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE GARRETT, ROBERT R NAME NAME 11505 HWY. 574 STREET ADDRESS STREET ADDRESS MANGO, FL 33550 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

officer or director

FILED Mar 18, 2008 8:00 am