

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # K499347

1. Entity Name
C.L.L. PROPERTIES, INC.



Principal Place of Business
72 CANFIELD ST.
S. DARTMOUTH, MA 02748

Mailing Address
72 CANFIELD ST.
S. DARTMOUTH, MA 02748



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1379445

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YAGER, BILL
1398 RAVIDA WOODS DRIVE
SUITE A-14
APOPKA, FL 32708

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000089894
03/16/04-80007-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAWRENCE, JAMES D.
STREET ADDRESS	72 CANFIELD ST.
CITY-ST-ZIP	S. DARTMOUTH, MA
TITLE	T
NAME	LAWRENCE, BARBARA F.
STREET ADDRESS	72 CANFIELD ST.
CITY-ST-ZIP	S. DARTMOUTH, MA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04
Date

Daytime Phone #