

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90010 049 ****61.25

DOCUMENT # N98000003056

1. Entity Name
LOL ENTERPRISES, INC.



Principal Place of Business
**105 TARRAGONA WAY
DAYTONA BEACH, FL 32114**

Mailing Address
**105 TARRAGONA WAY
DAYTONA BEACH, FL 32114**

94017519



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3546908

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, ROBIN R
105 TARRAGONA WAY
DAYTONA BEACH, FL 32114**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE MD ☒ Delete
NAME **LOWE, VELMA**
STREET ADDRESS **3437 SPRING OAK LANE**
CITY-ST-ZIP **PORT ORANGE, FL 32119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME **MICHELS, SUSAN**
STREET ADDRESS **170 TAGANONA DR**
CITY-ST-ZIP **NSB, FL 32168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME **MCGINLEY, LOREN**
STREET ADDRESS **740 BOSTON AVE**
CITY-ST-ZIP **DAYTONA BCH, FL 32116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME **WARD, KAREN**
STREET ADDRESS **912 NIXON LANE**
CITY-ST-ZIP **PORT ORANGE, FL 32119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME **MARFOGLIA, LUCI**
STREET ADDRESS **4050 S. PENINSULA DRIVE**
CITY-ST-ZIP **WILBER BY THE SEA, FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME **ANNE, CUMMINGS**
STREET ADDRESS **3 SILVER LAKE WAY**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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

Date

Daytime Phone #

2/17/04 380.274.3857