

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098479

Entity Name: THE LILLIPUTT COMPANY

FILED
May 16, 2005
Secretary of State

Current Principal Place of Business:

13810 CR 44
GRAND ISLAND, FL 32735

New Principal Place of Business:

Current Mailing Address:

36605 FRANCIS DR.
GRAND ISLAND, FL 32735 US

New Mailing Address:

FEI Number: 59-3679169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABLE, KATHLEEN
36605 FRANCIS DR
GRAND ISLAND, FL 32735 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GABLE, DOROTHY
Address: 10480 SW 71ST CT
City-St-Zip: OCALA, FL 34476

Title: V () Delete
Name: GABLE, KATHLEEN
Address: 36605 FRANCIS DR
City-St-Zip: GRAND ISLAND, FL 32735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN GABLE

V

05/16/2005

Electronic Signature of Signing Officer or Director

_____ Date