

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

GOVERNMENT

FILED

Apr 09, 2004 08:00 AM

Secretary of State

DOCUMENT # P01000082223

1. Entity Name

LILLY'S CLEANING SERVICE, INC.



Principal Place of Business

1642 SOUTH 25TH COURT
RIVIERA, FL 33404

Mailing Address

1642 SOUTH 25TH COURT
RIVIERA, FL 33404



01212004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1131727

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LILLY, COPELAND
1642 SOUTH 25TH COURT
RIVIERA, FL 33404

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000107609
04/09/04-80021-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LILLY, COPELAND
STREET ADDRESS	1642 SOUTH 25TH COURT
CITY-ST-ZIP	RIVIERA, FL 33404
TITLE	D
NAME	LILLY, MARY L
STREET ADDRESS	1642 SOUTH 25TH COURT
CITY-ST-ZIP	RIVIERA, FL 33404
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 561-844-4056
Date Daytime Phone