### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P01000104345

1. Entity Name

JIM LILLEY BUILDER, INC.



1250 N.E. 23RD AVE. POMPANO BEACH, FL 33062

Principal Place of Business

Mailing Address 1250 N.E. 23RD AVE, POMPANO BEACH, FL 33062

#### FILED Mar 14, 2007 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1148972 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LILLEY, JIM 1250 N.E. 23RD AVE. POMPANO BEACH, FL 33062

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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 eignature required when reinstating)  DATE						
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000665990 03/23/07-80052-011	150.00
10. OFFICERS AND DIRECTORS						
TITLE	PV					
NAME	LILLEY, JIM					
STREET ADDRESS	1250 N.E. 23RD AVE.					
CITY-ST-ZIP	POMPANO BEACH, FL 33062					•
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

# DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

Janes Thilky T

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3/10/07

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