
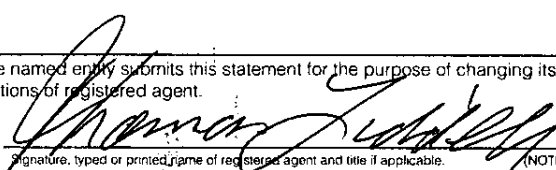
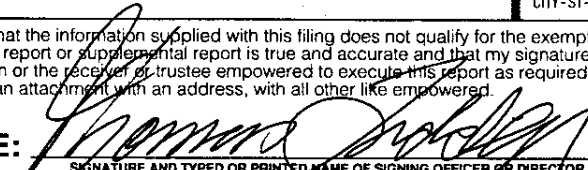


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90422 050 \*\*\*150.00

<b>DOCUMENT # P01000111947</b> 1. Entity Name <b>LIDDELL INDUSTRIES, CORP.</b>			
Principal Place of Business <b>556 D N. HIGHWAY 27 CLERMONT FL 34711</b>		Mailing Address <b>P.O BOX 120888 CLERMONT FL 34711</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>556 D N. Highway 27</b>		3. Mailing Address <b>P.O. Box 120888</b> Suite, Apt. #, etc.	
City & State <b>Clermont, FL</b>		City & State <b>Clermont, FL</b>	
Zip <b>34711</b>	Country <b>U.S.A.</b>	Zip <b>34712</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent  <b>LIDDELL, THOMAS 11020 OLEANDER DRIVE CLERMONT FL 34711</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> 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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>LIDDELL, THOMAS</b> STREET ADDRESS <b>11020 OLEANDER DRIVE</b> CITY-ST-ZIP <b>CLERMONT FL 34711</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>LIDDELL, KEVIN</b> STREET ADDRESS <b>10349 REGAL DRIVE</b> CITY-ST-ZIP <b>CLERMONT FL 34711</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> 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 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.			
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04/30/04</b> Daytime Phone # _____	



MOORE CR2E034 (11/03)