

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000120718

Entity Name

LILLISTON & ASSOCIATES INC.



Principal Place of Business

450 SOUTHEAST 15TH AVE  
POMPANO BEACH, FL 33060

Mailing Address

450 SOUTHEAST 15TH AVE  
POMPANO BEACH, FL 33060



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FET Number  
**02-0534575**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER M. NINOS CPA PA  
450 SOUTH DIXIE HWY  
SUITE #503  
DADE CITY, FL 33422

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IN THIS SPACE**

I, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000396742  
01/30/06-80021-016 150.00

**OFFICERS AND DIRECTORS**

DP	LILLISTON, WILLIAM E JR
ADDRESS	450 SOUTHEAST 15TH AVE
ST-ZIP	POMPANO BEACH, FL 33060
VP	LILLISTON, WILLIAM E JR
ADDRESS	450 SOUTH EAST 15TH AVENUE
ST-ZIP	POMPANO BEACH, FL 33060
T	LILLISTON, WILLIAM E JR
ADDRESS	450 SOUTH EAST 15TH AVENUE
ST-ZIP	POMPANO BEACH, FL 33060
S	LILLISTON, WILLIAM E JR
ADDRESS	450 SOUTH EAST 15TH AVENUE
ST-ZIP	POMPANO BEACH, FL 33060

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IN THIS SPACE**

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: *William E. Lilliston, Jr.*

WILLIAM E. LILLISTON, JR

1-18-06

(954) 946-9035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #