### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P01000120718**

1. Entity Name
LILLISTON & ASSOCIATES INC.



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

450 SOUTHEAST 15TH AVE POMPANO BEACH, FL 33060

450 SOUTHEAST 15TH AVE POMPANO BEACH, FL 33060



### DO NOT WRITE IN THIS SPACE

04112007 No Chg-P CR2E034 (11/05)

4. FEI 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 1600 SOUTH DIXIE HWY SUITE #503 BOCA RATON, FL 33432

LILLISTON, WILLIAM E JR

LILLISTON, WILLIAM E JR

450 SOUTH EAST 15TH AVENUE

450 SOUTH EAST 15TH AVENUE

POMPANO BEACH, FL 33060

POMPANO BEACH, FL 33060

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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_	<u>.</u>				
Signature, typed or printed name of registared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	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	
10.	OFFICERS AND DIRECTORS			<del></del>	
TITLE NAME	DP LILLISTON, WILLIAM E JR				
STREET ADDRESS City-St-Zip	450 SOUTHEAST 15TH AVE POMPANO BEACH, FL 33060				
TITLE	VP				
NAME	LILLISTON, WILLIAM E JR				
STREET ADDRESS	450 SOUTH EAST 15TH AVENUE				
CITY-ST-ZIP	POMPANO BEACH, FL 33060				

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U00000707841 04/24/07-80030-019 150.00

12. I hereby certify that the information supplied with this filling 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 trystee 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:

NAME

TITI F

NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 946-9035