

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120718

FILED
Jan 08, 2011
Secretary of State

Entity Name: LILLISTON & ASSOCIATES INC.

Current Principal Place of Business:

450 SOUTHEAST 15TH AVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

450 SOUTHEAST 15TH AVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 02-0534575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER M. NINOS CPA PA
1600 SOUTH DIXIE HWY
SUITE #503
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

NINOS, CHRISTOPHER M
1600 SOUTH DIXIE HWY
SUITE #503
BOCA RATON, FL 33432 US

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.

SIGNATURE: CHRISTOPHER MUSCATO NINOS

01/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: LILLISTON, WILLIAM E JR
Address: 450 SOUTHEAST 15TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP
Name: LILLISTON, WILLIAM E JR
Address: 450 SOUTH EAST 15TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: T
Name: LILLISTON, WILLIAM E JR
Address: 450 SOUTH EAST 15TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: S
Name: LILLISTON, WILLIAM E JR
Address: 450 SOUTH EAST 15TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER MUSCATO NINOS

RA

01/08/2011

Electronic Signature of Signing Officer or Director

Date