2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000004134

1. Entity Name
4L CORP.

Principal Place of Business	Mailing Address
1064 WATERSIDE CIR. WESTON, FL 33327	1064 WATERSIDE CIR. WESTON, FL 33327

DO NOT WRITE IN THIS SPACE

01132005   No Chg-P   CR2E034 (10/03)

4. FEI Number 04-3588035	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LITTON, STEVEN G
1064 WATERSIDE CIR
WESTON, FL 33327

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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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000184415 01/20/05-80023-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	LITTON, STEVEN G
STREET ADDRESS	1064 WATERSIDE CIR.
CITY-ST-ZIP	WESTON, FL 33327

TITLE	S
NAME	LITTON, CORENNE
STREET ADDRESS	1064 WATERSIDE CIR
CITY-ST-ZIP	WESTON, FL 33327

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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.

SIGNATURE: _____   1/13/05   954-217-6429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #