


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 91065 020 ***150.00

DOCUMENT # P03000024543 1. Entity Name LIGHTNING LIEN LETTERS INC.			
Principal Place of Business 1314 WASHINGTON STREET HOLLYWOOD FL 33019		Mailing Address 1314 WASHINGTON STREET HOLLYWOOD FL 33019	
2. Principal Place of Business 1909 TYLER ST Suite Apt. #, etc. #501		3. Mailing Address 1909 TYLER ST Suite Apt. #, etc. #501	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33020		Zip 33020	
Country USA		Country USA	
4. FEI Number 010770726		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STIBER, WILLIAM H 1314 WASHINGTON STREET HOLLYWOOD FL 33019		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME STIBER, WILLIAM H SR.	TITLE P	NAME STIBER, WILLIAM H SR.
STREET ADDRESS 1314 WASHINGTON STREET	CITY-ST-ZIP HOLLYWOOD FL 33019	STREET ADDRESS 1314 WASHINGTON STREET	CITY-ST-ZIP HOLLYWOOD FL 33019
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: William H. Stiber WILLIAM H. STIBER 934-929-1363 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-30-04 Daytime Phone # _____	