

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000024543**

1. Entity Name  
**LIGHTNING LIEN LETTERS INC.**



Principal Place of Business	Mailing Address
1909 TYLER ST #501 HOLLYWOOD, FL 33020	1909 TYLER ST #501 HOLLYWOOD, FL 33020



04232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0770726</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

STIBER, WILLIAM H  
1314 WASHINGTON STREET  
HOLLYWOOD, FL 33019

**DO NOT WRITE  
IN THIS SPACE**

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**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	STIBER, WILLIAM H SR.
STREET ADDRESS	1314 WASHINGTON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	VP
NAME	STIBER, WILLIAM H SR.
STREET ADDRESS	1314 WASHINGTON
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	SEC
NAME	STIBER, WILLIAM H SR.
STREET ADDRESS	1314 WASHINGTON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	TREA
NAME	STIBER, WILLIAM H
STREET ADDRESS	1314 WASHINGTON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	SEC.
NAME	STIBER, WILLIAM H SR.
STREET ADDRESS	1314 WASHINGTONN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	SEC
NAME	STIBER, WILLIAM H SR.
STREET ADDRESS	1314 WASHINGTON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33019

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04/28/05-80109-004 150.00

**DO NOT WRITE  
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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23  
Date

954-088-9863  
Daytime Phone #