

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90003 026 ***150.00

DOCUMENT # P03000069814
 1. Entity Name
 LILLIAN PERRY PROPERTIES, INC.



Principal Place of Business Mailing Address
 336 W ANN ST 336 W ANN ST
 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950

2. Principal Place of Business 3. Mailing Address
 342 W. ANN ST 22352 Buffalo Av
 Suite, Apt # etc. Suite, Apt. #, etc.
 Port Charlotte
 City & State: Port Charlotte, FL
 Zip Country Zip Country
 33950 US 33952 US



05312005 Chg-P CR2E034 (10/03)

4. FEI Number 03-0521865 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WADE, SOURS
 261 TAMiami TR
 PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent
 Name WADE SOURS
 Street Address (P.O. Box Number is Not Acceptable) 22352 Buffalo AV
 City Port Charlotte FL Zip Code 33952

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: *Wade Sours* DATE: 5-31-05
Signature, typed or printed name of registered agent and title (indicate) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WADE, SOURS 261 TAMiami TRAIL PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WADE SOURS 22352 Buffalo AV Port Charlotte FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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