

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069814

**FILED**  
**Mar 15, 2006**  
**Secretary of State**

**Entity Name:** LILLIAN PERRY PROPERTIES, INC.

**Current Principal Place of Business:**

342 W ANN STREET  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

9259 GEWANT BLVD  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

22652 BUFFALO AVENUE  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 03-0521865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WADE, SOURS  
22352 BUFFALO AVE  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: WADE, SOURS  
Address: 22352 BUFFALO AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WADE SOURS

PSTD

03/15/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date