

# 2007. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90393 040 \*\*\*150.00

**DOCUMENT # P03000106816**

1. Entity Name

PEACE LILY PRODUCTS, INC.



Principal Place of Business  
13393 OLYMPIC VILLAGE LANE  
BROOKSVILLE FL 34614

Mailing Address  
13393 OLYMPIC VILLAGE LANE  
BROOKSVILLE FL 34614



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 03-0529526

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, MARY L  
13393 OLYMPIC VILLAGE LANE  
BROOKSVILLE FL 34614

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

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BAILEY, MARY L  
STREET ADDRESS 13393 OLYMPIC VILLAGE LANE  
CITY ST-ZIP BROOKSVILLE FL 34614

TITLE P ☒ Change ☐ Addition  
NAME Bailey, Mary L.  
STREET ADDRESS 13393 Olympic Village Lane  
CITY ST-ZIP Brooksville, FL 34614

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mary L. Bailey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

Date

352-796-0974

Printing Phone #