2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State
08-06-2007 90033 016 ***150.00

40128335

DOCUMENT # P03000115032

1. Entity Name
LILLY'S ELDERLY NEEDS, INC.

Principal Place of Business	Mailing Address
298 N.E. GLENTRY AVE. PORT ST. LUCIE, FL 34983 US	298 N.E. GLENTRY AVE. PORT ST. LUCIE, FL 34983

05252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
298 NE Glentry Ave	298 NE Glentry Ave
Suite, Apt #, etc	Suite, Apt #, etc
City & State: PSL. Fla	City & State: PSL. Fla
Zip: 34983 Country:	Zip: 34983 Country:

4. FEI Number: 20-0311562 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CALZADA, LILLIAN
298 N. E. GLENTRY AVE.
PORT ST. LUCIE, FL 34983

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 ______________________________
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
Due by September 14, 2007

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	PST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CALZADA, LILLIAN		NAME	
STREET ADDRESS	298 N. E. GLENTRY AVE.		STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lillian Calzada Lillian Calzada 7/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
H01283335
#P03000115032

Start Over

Sunbiz Home Page **Annual Report Help**

7/29/07

When I call to: Division of Corporations
They tell me to write:
Let fee to be wave Report

Lilliana Calzada