

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90026 025 ***150.00

DOCUMENT # P04000086609

1. Entity Name
LILYA & SONS, INC.



Principal Place of Business
**10138 YACHT CLUB DRIVE
TREASURE ISLAND, FL 33706**

Mailing Address
**10138 YACHT CLUB DRIVE
TREASURE ISLAND, FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006

Chg-P

CR2E034 (11/05)

4. FEI Number
47-0942062

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

**LILYA, DAVID M
10138 YACHT CLUB DRIVE
TREASURE ISLAND, FL 33706**

Name **LILYA, E. PARKER**

Street Address (P.O. Box Number is Not Acceptable)

10138 YACHT CLUB DR.

City **TREASURE ISLAND,**

FL

Zip Code
33706

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

E. Parker Lilya Pres.

2/17/06

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 **P** ☒ Delete
NAME **LILYA, DAVID M**
STREET ADDRESS **10138 YACHT CLUB DRIVE**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **P** ☒ Change ☐ Addition
NAME **LILYA, E. PARKER**
STREET ADDRESS **10138 YACHT CLUB DR.**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **V** ☒ Delete
NAME **LILYA, E. PARKER**
STREET ADDRESS **10138 YACHT CLUB DRIVE**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **VP** ☒ Change ☒ Addition
NAME **LILYA, MICHAEL F.**
STREET ADDRESS **10138 YACHT CLUB DR.**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **LILYA, DAVID M**
STREET ADDRESS **10138 YACHT CLUB DR.**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 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:

E. Parker Lilya

2/17/06

727-367-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

PD CK # 1129 2.17.06