2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 17, 2005 8:00 am Secretary of State

DOCUMENT # P04000111147 1. Entity Name LILCOR INC					Secretary of State 02-22-2005 90021 026 ***150.00			
Principal Plac	e of Ausiness	Mailing Address		-				
3020 N FEDERAL HWY		3020 N FEDERAL HWY		- 1 ,	იიიიიიი			
11B FT LAUDERALE FL 33306		11B FT LAUDERALE FL 33306						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		/	1st MOORE			
City & State		City & State		FEI Number	425855		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate		\$8.75 Addi Fee Required		
	6. Name and Address of Current I	NIc	7. Name and Address of New Registered Agent					
KELLY, JOHN F CPA			Name*					
3020 N FEDERAL HWY			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
118				-		 		
FT LAUDERDALE FL 33306			City	FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regi	stered agent, or bot	h, in the State of Florida. I am	familiar with, a	and accept	
the obligat	tions of registered agent.			_	•			
SIGNATURE.		······································						
CONTRACTOR OF ARRIVE	Signature, typed or printed name of registered agent a	ind tide if applicable. (NOTE F	Registered Agent signature req	ured when reinstating)	DATE			
10 NON NO. 7	TLE NOW!!! FEE IS \$150.00	10 1 TOTAL					L L	
After	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of	State			 Election Campaign Financi Trust Fund Contribution. 		DO May Be d to Fees	
After	May 1, 2005 Fee Will Be \$550.00	State	11.	ADDITIONS/		☐ Adde	d to Fees	
After Make Check	May 1, 2005 Fee Will Be \$550.00 Payable to Florida Department of OFFICERS AND DP	State	11.	ADDITIONS/	Trust Fund Contribution.	☐ Adde	d to Fees	
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Make Check 10.	May 1, 2005 Fee Will Be \$550.00 Payable to Florida Department of OFFICERS AND DP WEINER, EUGENE 3020 N FEDERAL HWY 11B	State 2 DIRECTORS	TITLE NAME STREET ADDRESS	ADDITIONS/	Trust Fund Contribution.	DIRECTORS	d to Fees	
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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 it 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.

Every WEINER.

SIGNATURE:

INVATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05

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