

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90074 026 \*\*\*150.00

**DOCUMENT # P04000114643**

1. Entity Name  
**LIOLLIO ASSOCIATES INC.**



Principal Place of Business  
**147 WAPPOO CREEK DRIVE  
SUITE 400  
CHARLESTON, SC 29412**

Mailing Address  
**147 WAPPOO CREEK DRIVE  
SUITE 400  
CHARLESTON, SC 29412**

**50008725**



01102005 Chg-P CR2E034 (10/03)

4. FEI Number  
**57-0562105**

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**

**PINES, RICARDO E  
3301 PONCE DE LEON BLVD  
SUITE 200  
CORAL GABLES, FL 33134**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
LIOLLIO, DINOS  
147 WAPPOO CREEK DRIVE, SUITE 400  
CHARLESTON, SC 29412** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
LIOLLIO, CHERIE A  
147 WAPPOO CREEK DRIVE, SUITE 400  
CHARLESTON, SC 29412** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SCHIMPF, THOMAS L  
147 WAPPOO CREEK DRIVE, SUITE 400  
CHARLESTON, SC 29412** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREA  
BARTLETT, ELIZABETH N  
147 WAPPOO CREEK DRIVE, SUITE 400  
CHARLESTON, SC 29412** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRIN  
Bousquet, Rick  
147 Wappoo Creek Dr, Suite 400  
Charleston, SC 29412** ☐ Change ☒ Addition

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

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

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

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

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

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/05 (843) 762-2222**