

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90098 037 \*\*\*150.00

**60022638**



02232007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000116228</b> 1. Entity Name <b>LILY'S LIMO SERVICE, INC.</b>					
Principal Place of Business <b>SUITE A</b> <b>148 HAWTHORN ROAD</b> <b>WINTER HAVEN, FL 33884 US</b>			Mailing Address <b>148 HAWTHORN ROAD</b> <b>WINTER HAVEN, FL 33884 US</b>		
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	4. FEI Number <b>35-2236010</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>LILIANE RUYMBEEK</b> <b>148 HAWTHORN ROAD</b> <b>WINTER HAVEN, FL 33884</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUYMBEEK, LILY 148 HAWTHORN ROAD WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RuyMBEEK, LILY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAN SCHOOR, MARCEL 148 HAWTHORN ROAD WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANSchoor, MARCEL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN SCHOOR, STEVEN 148 HAWTHORN ROAD WINTER HAVEN, FL 33884		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>RuymbEEK RuymbEEK Lily manager</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>					