


# 2008 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90018 023 \*\*\*150.00

<b>DOCUMENT # P04000116228</b> 1. Entity Name LILY'S LIMO SERVICE, INC.			
Principal Place of Business SUITE A 148 HAWTHORN ROAD WINTER HAVEN, FL 33884 US		Mailing Address 148 HAWTHORN ROAD WINTER HAVEN, FL 33884 US	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>1107 Cypress Gdn Blvd</b> Suite, Apt. #, etc.	
City & State  Zip      Country		City & State <b>WINTER HAVEN, FL</b> Zip      Country <b>33884      US</b>	
		4. FEI Number <b>35-2236010</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LILIANE RUYMBECK</b> <b>148 HAWTHORN ROAD</b> <b>WINTER HAVEN, FL 33884</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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	MGR	<input type="checkbox"/> Delete	
NAME	RUYMBECK, LILY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	148 HAWTHORN ROAD		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	VAN SCHOOR, MARCEL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	148 HAWTHORN ROAD		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	D	<input type="checkbox"/> Delete	
NAME	VAN SCHOOR, STEVEN		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	148 HAWTHORN ROAD		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: <u>Ruymbeck</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02-15-08      863 395 80 85 <small>Date      Daytime Phone #</small>	

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