2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000157675

1. Entity Name
LIL' MOTHER, INC.

Principal Place of Business	Mailing Address
3626 N. CITRUS CIRCLE ZELLWOOD, FL 32798	3626 N. CITRUS CIRCLE ZELLWOOD, FL 32798

DO NOT WRITE IN THIS SPACE

04122007 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARLATT, CRAIG S
8451 AMELIA TRAIL
KISSIMMEE, FL 34747

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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 SAME DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000718358
05/01/07-80044-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIDSON, IVOLYN
STREET ADDRESS	3626 N. CITRUS CIRCLE
CITY-ST-ZIP	ZELLWOOD, FL 32798
TITLE	VP
NAME	MARLATT, CRAIG S
STREET ADDRESS	8451 AMELIA TRAIL
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	ST
NAME	MARLATT, JOLYN M
STREET ADDRESS	8451 AMELIA TRAIL
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	D
NAME	BORDONARO, RAY
STREET ADDRESS	3626 N. CITRUS CIRCLE
CITY-ST-ZIP	ZELLWOOD, FL 32798
TITLE	D
NAME	MOZISEK, JANEICE
STREET ADDRESS	P.O. OX 136326
CITY-ST-ZIP	CLERMONT, FL 34713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ivolyn Davidson 4/13/07 407-886-8450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M/O # 32240 BANK FIRST