

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000004707	
1. Entity Name LILLIAN ASSURANCE GROUP, INC.	

Principal Place of Business 625 WALTHAM AVE ORLANDO, FL 32809	Mailing Address 625 WALTHAM AVE ORLANDO, FL 32809
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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01292007 Chg-P CR2E034 (12/06)

4. FEI Number 74-3073789	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JACOB W. HOECHST 625 WALTHAM AVE ORLANDO, FL 32809

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

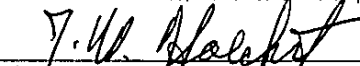
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D HOECHST, JACOB W 4043 GOLFSIDE DR ORLANDO, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D BRUNER, DEAN T 808 RUNNER OAK ST CELEBRATION, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
CFO BRUNER, DEAN T 808 RUNNER OAK ST CELEBRATION, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
DP WHITE, ANN M 414 LILLIAN DR ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D WHITE, PATRICK L 3519 GATLIN PL CIR ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D HUNT, ROBERT R 6935 COUNTRY CORNERS LN ORLANDO, FL 32809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U000000704077 04/20/07-80165-024 150.00	
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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Document Page #
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