

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000050979

Entity Name: LILJON INC

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5413 WARD LAKE DRIVE  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

5413 WARD LAKE DRIVE  
PORT ORANGE, FL 32128 US

**New Mailing Address:**

FEI Number: 20-2703271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUXTON, JOHN L  
5413 WARD LAKE DRIVE  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LUXTON, JOHN  
Address: 5413 WARD LAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32128 FL

Title: S  
Name: LUXTON, JOHN  
Address: 5413 WARD LAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

Title: T  
Name: LUXTON, JOHN  
Address: 5413 WARD LAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN LUXTON

P

02/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date