

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000096433

**FILED**  
**Jul 06, 2010**  
**Secretary of State**

**Entity Name:** LOLLIPOPS, INC.

**Current Principal Place of Business:**

222 EAST STUART AVENUE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

222 EAST STUART AVENUE  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 27-1385589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEAVER, TIFFANY  
222 EAST STUART AVENUE  
LAKE WALES, FL 33853 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: D  
Name: WEAVER, TIFFANY  
Address: 1845 SOUTH HIGHLAND PARK DRIVE  
City-St-Zip: LAKE WALES, FL 33898

Title: D  
Name: GERRARD, ROBIN  
Address: PO BOX 648  
City-St-Zip: LAKE WALES, FL 33859

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: TIFFANY WEAVER

D

07/06/2010

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

\_\_\_\_\_  
Date