

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000043269

1. Entity Name

LLL LICENSING, INC.



Principal Place of Business

6710 86TH AVE.
PINELLAS PARK FL 33782

Mailing Address

6710 86TH AVE.
PINELLAS PARK FL 33782

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3328765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSON, ERIC V
6015E LAKETREE LANE
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME HICKS, MACK R
STREET ADDRESS 6710 86 AVE N
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE V ☐ Delete
NAME LARSON, ERIC V
STREET ADDRESS 6015 E LAKETREE LANE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE T ☐ Delete
NAME HICKS, ANDREW P
STREET ADDRESS 6710 86 AVE N
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE P ☐ Delete
NAME DETWEILER, ROBERT
STREET ADDRESS 8482 DEAUVILLE
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000038511
CITY-ST-ZIP 02/06/04-80141-023 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Andrew P. Hicks

Andrew P. Hicks

2/4/04 727-541-5716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #