

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90322 030 \*\*\*150.00

**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

**50037521**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
59-3328765

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSON, ERIC V  
6015E LAKETREE LANE  
TAMPA, FL 33617

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **P LARSON, ERIC V**  
STREET ADDRESS **6015 E. LAKTREE 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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **HICKS, SUSAN K.**  
STREET ADDRESS **6710 86TH AVE N.**  
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANDREW P. HICKS**

Date

Daytime Phone #

**4/11/05**

**727 541-5716**