


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000087947 1. Entity Name LILLIAN'S OF GAINESVILLE, INC.	
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Principal Place of Business 114 SOUTHEAST 1ST STREET GAINESVILLE, FL 32601	Mailing Address 114 SOUTHEAST 1ST STREET GAINESVILLE, FL 32601
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06072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3350996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAM B SCHELL 114 SE 1ST ST #9 GAINESVILLE, FL 32601

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHEEL, WILLIAM B 114 SOUTHEAST 1ST STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIDDINGS, MICHAEL 114 SE 1ST ST GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/08/05-80005-018 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  **Michael Giddings** 6-7-05 352-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #