

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P96000090659

1. Entity Name

RICHARD LILES AND COMPANY INC.



Principal Place of Business

2260 WEST HWY 30-A
BLUE MOUNTAIN PLAZA #1
SANTA ROSA FL 32459

Mailing Address

2260 WEST HWY 30-A
BLUE MOUNTAIN PLAZA #1
SANTA ROSA FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3411818

Applied For

Not Applicable

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

LILES, RICHARD
2260 WEST HWY 30-A
BLUE MOUNTAIN PLAZA #1
SANTA ROSA FL 32459

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN U)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LILES, RICHARD B
2260 W HWY 30-A
SANTA ROSA BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000000078762
03/08/04-80037-021 150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
HALLMAN, LAURIE I
2260W HWY 30A
SANTA ROSA BEACH FL

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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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: *Richard Liles*

Richard Liles, President

3.5.04

850.267.2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #