

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082623

Entity Name: LILES TROPICAL FISH INC

FILED
Feb 13, 2008
Secretary of State

Current Principal Place of Business:

P.O. BOX 267
RUSKIN, FL 33575

New Principal Place of Business:

702 11TH AVE. N.E.
RUSKIN, FL 33570

Current Mailing Address:

P.O. BOX 267
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 59-3470772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LILES, CINDY J
6043 FRANCIS DRIVE
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

LILES, CINDY J
702 11TH AVE. N.E.
RUSKIN, FL 33570 US

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: _____

02/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LILES, SIDNEY W
Address: P.O. BOX 267
City-St-Zip: RUSKIN, FL 33575

Title: VP () Delete
Name: LILES, CINDY J
Address: P.O. BOX 267
City-St-Zip: RUSKIN, FL 33575

Title: T () Delete
Name: WOOD, TERESA LILES
Address: P.O. BOX 267
City-St-Zip: RUSKIN, FL 33575

Title: S () Delete
Name: DURDEN, AMY LILES
Address: PO BOX 267
City-St-Zip: RUSKIN, FL 33575

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CINDY LILES

VICE

02/13/2008

Electronic Signature of Signing Officer or Director

Date