

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90044 028 ***150.00

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01212005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000020302					
1. Entity Name LOLLIPOP KIDS, INC.					
Principal Place of Business 23064 HARBORVIEW ROAD SUITE A&B PORT CHARLOTTE, FL 33980			Mailing Address 23064 HARBORVIEW ROAD SUITE A&B PORT CHARLOTTE, FL 33980		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0821129	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANIGAN, SANDRA C 3755 PEACE RIVER DR. 2843 Abbotsford Rd PUNTA GORDA, FL 33983 North Fort #1 34287			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 <i>Sandra C. Lanigan Pres</i>		SIGNATURE <i>Sandra C. Lanigan</i>		DATE 1-21-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANIGAN, SANDRA C	NAME			
STREET ADDRESS	3755 PEACE RIVER DR. 2843 Abbotsford	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33983 North Fort #1 34287	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANIGAN, GARY	NAME			
STREET ADDRESS	3755 PEACE RIVER DR. 2843 Abbotsford	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33983 North Fort #1 34287	CITY-ST-ZIP			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Sandra Lanigan</i>		SIGNATURE: <i>Sandra Chanigan</i>		DATE: 1-21-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

941-629-5885