

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000049482

Entity Name: LOLLY SHOPPE, INC.

FILED  
Apr 20, 2005  
Secretary of State

## Current Principal Place of Business:

LOLLY SHOPPE INC  
12915 US HWY 98  
SEBRING, FL 33870

## New Principal Place of Business:

## Current Mailing Address:

3124 IRISH DRIVE  
LORIDA, FL 33857

## New Mailing Address:

FEI Number: 65-0847865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREEMAN-GRAY, LAURIE  
3124 IRISH DRIVE  
LORIDA, FL 33857 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRAY, PAUL N  
Address: 3124 IRISH DRIVE  
City-St-Zip: LORIDA, FL 33857

Title: D ( ) Delete  
Name: FREEMAN-GRAY, LAURIE  
Address: 3124 IRISH DRIVE  
City-St-Zip: LORIDA, FL 33857

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: LAURIE FREEMAN-GRAY

D

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date