


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90043 015 \*\*\*155.00

<b>DOCUMENT # P98000056684</b> 1. Entity Name <b>WHITE LILY INVESTMENT COMPANY</b>					
Principal Place of Business <b>11 CHERRYTREE CT. PALM COAST FL 32137 US</b>			Mailing Address <b>11 CHERRYTREE CT. PALM COAST FL 32137 US</b>		
2. Principal Place of Business <i>11 Cherrytree Ct.</i>		3. Mailing Address <i>11 Cherrytree Ct.</i>			
City & State <i>Palm Coast FL</i>		City & State <i>Palm Coast</i>			
Zip <i>32137</i>	Country <i>USA</i>	Zip <i>32137</i>	Country <i>USA</i>		
4. FEI Number <b>59-3523970</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>POLL, GEORGE M R 11 CHERRYTREE CT. PALM COAST FL 32137</b>			7. Name and Address of New Registered Agent Name <i>George M. Ripoll</i> Street Address (P.O. Box Number is Not Acceptable) <i>11 Cherrytree Ct.</i> City <i>Palm Coast</i> <b>FL</b> Zip Code <i>32137</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPOLL, GEORGE M 11 CHERRYTREE CT. PALM COAST FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	None			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	None			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	None			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	None			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	None			
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.					
<b>SIGNATURE: <i>George M. Ripoll</i></b> <i>George M. Ripoll</i> <i>3/12/04</i> <i>386-445-9091</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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MOORE CR2E034 (11/03)