

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2004 8:00 am
Secretary of State

06-17-2004 90002 018 ***150.00

DOCUMENT # P99000077768

1. Entity Name
STEAMBOAT LILLIE'S, INC.



Principal Place of Business

**551429 US HWY 1
HILLIARD, FL 32046**

Mailing Address

**551429 US HWY 1
HILLIARD, FL 32046**

54057775



05212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3597364

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOUCHARD, LILLIAN E
2879 FOX GLOVE PLACE
HILLIARD, FL 32046**

**DO NOT WRITE
IN THIS SPACE**

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

Lillian E. Bouchard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-27-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BOUCHARD, LILLIAN E
2879 FOX GLOVE PLACE
HILLIARD, FL 32046**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
SMITH, NANCY
19474 CHANCE LANE
HILLIARD, FL 32046**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

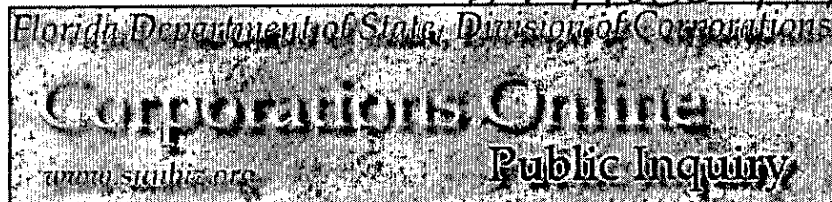
Lillian E. Bouchard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-04

Date

Daytime Phone #



Florida Profit

STEAMBOAT LILLIE'S, INC.

PRINCIPAL ADDRESS

551429 US HWY 1
HILLIARD FL 32046
Changed 04/18/2003

MAILING ADDRESS

551429 US HWY 1
HILLIARD FL 32046
Changed 04/18/2003

Document Number
P99000077768

FEI Number
593597364

Date Filed
08/27/1999

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
BOUCHARD, LILLIAN E 2879 FOX GLOVE PLACE HILLIARD FL 32046
Address Changed: 05/01/2002

Officer/Director Detail

Name & Address	Title
BOULHARD, LILLIAN E 2879 FOX GLOVE PLACE HILLIARD FL 32046	DP
SMITH, NANCY 19474 CHANCE LANE HILLIARD FL 32046	DST

Attachment

54057775

#P99 000077768

Annual Reports

Report Year	Filed Date
2001	05/04/2001
2002	05/01/2002
2003	04/18/2003

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No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

[04/18/2003 -- ANN REP/UNIFORM BUS REP](#)
[05/01/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
[05/04/2001 -- ANN REP/UNIFORM BUS REP](#)
[05/02/2000 -- ANN REP/UNIFORM BUS REP](#)
[08/27/1999 -- Domestic Profit](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)[Corporations Help](#)