

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 16, 2005 08:00 AM**  
**Secretary of State**

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



**DO NOT WRITE IN THIS SPACE**

06142005 No Chg-P CR2E034 (10/03)

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 reinstalling)

DATE

5/15/05

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000369581  
06/16/05-80001-001 150.00

**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

Date

Daytime Phone #

6/16/05