


# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000078147</b> 1. Entity Name <b>L.L. CHEERS, INC.</b>																							
Principal Place of Business <b>3701 WESTOVER RD. ORANGE PARK, FL 32073</b>			Mailing Address <b>3701 WESTOVER RD. ORANGE PARK, FL 32073</b>																				
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.																				
City & State  Zip Country			City & State  Zip Country																				
4. FEI Number <b>59-2782100</b>			Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																				
6. Name and Address of Current Registered Agent  <b>TILLEY, STEPHEN E. 4465 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE, FL 32217</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D LEWIS, MELVIN</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3701 WESTOVER RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORANGE PARK, FL 32003</td> <td></td> </tr> </table>			TITLE	D LEWIS, MELVIN	<input type="checkbox"/> Delete	STREET ADDRESS	3701 WESTOVER RD.		CITY-ST-ZIP	ORANGE PARK, FL 32003		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>000000243519</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>02/25/05-80044-010 150.00</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	000000243519		CITY-ST-ZIP	02/25/05-80044-010 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Jan Lewis</i></u> <b>Jan Lewis</b> <span style="float: right;">2/18/05 2624339</span> <small>(SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #</small>																							