


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # V02581
 1. Entity Name
FOURLLS, INC.



Principal Place of Business 13396 76TH STREET LIVE OAK, FL 32060 US	Mailing Address 13396 76TH STREET LIVE OAK, FL 32060 US
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3122565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEWIS, BRADFORD C.
 14544 96TH PLACE
 LIVE OAK, FL 32060

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, LEROY D. SR. 12632 US 129 SOUTH LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRADFORD, LEWIS 14544 96TH PL LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, LAWRENCE LEE 12654 US 129 SOUTH LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, LEROY D. JR. 10843 SR 51 SOUTH LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/26/04-80008-007 150.00

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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:  **Bradford C Lewis** 1/20/04 386-362-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #