

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 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**



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3122565**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEWIS, BRADFORD C.  
14544 96TH PLACE  
LIVE OAK, FL 32060**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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

000000686146  
04/09/07-80034-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07

Date

386-362-5009

Daytime Phone #