

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90029 003 ***150.00

DOCUMENT # V02581
 1. Entity Name
FOURLLS, INC.



Principal Place of Business Mailing Address
13396 76TH STREET **13396 76TH STREET**
LIVE OAK, FL 32060 US **LIVE OAK, FL 32060 US**

DO NOT WRITE IN THIS SPACE

00049044



04142008 No Chg-P CR2E034 (11/05)

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

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 _____ 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, 2008 Fee will be \$550.00

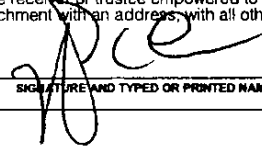
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, LEROY D. SR.
STREET ADDRESS	12632 US 129 SOUTH
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	ST
NAME	BRADFORD, LEWIS
STREET ADDRESS	14544 96TH PL
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	LEWIS, LAWRENCE LEE
STREET ADDRESS	12654 US 129 SOUTH
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	LEWIS, LEROY D. JR.
STREET ADDRESS	10843 SR 51 SOUTH
CITY-ST-ZIP	LIVE OAK, FL
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 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:  **4/14/08** **386-362-5009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #