## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 251532**

1. Entity Name
LISA CORPORATION, INC.

Principal Place of Business

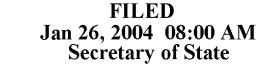
C/O NORMAN F. HALES OKEECHOBEE, FL 34974

2357 S.W. 22 CIRCLE EAST



Mailing Address

PO DRAWER 1367 OKEECHOBEE, FL 34973





01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-0979077

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALES, NORMAN F 2357 S.W. 22 CIRCLE EAST OKEECHOBEE, FL 34974

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the priors of registered agent.	urpose of changing its registe	ered office or registered agent,	or both, in the State of Florida. I am famillar with, and acc	ept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registe	red Agent signature required when reinstati	ng) DATE	22
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Fina Trust Fund Contribution</li> </ol>		Se	
10.	OFFICERS AND DIREC	TORS	· ···· tuilin		de dess
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HALES, NORMAN F 2357 S.W. 22 CIRCLE EAST OKEECHOBEE, FL 34974		THE STATE OF THE S	1000000013541	概念院
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U1/25/04-BUU5/-U22 15U-U	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			PERMIT		
TITLE			THE PROPERTY AND THE PARTY OF T	The state of the s	A11.24

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Davime Phone #