

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90087 025 \*\*\*150.00

**DOCUMENT # 251532**

1. Entity Name

LISA CORPORATION, INC.



Principal Place of Business

2357 S.W. 22 CIRCLE EAST  
C/O NORMAN F. HALES  
OKEECHOBEE FL 34974

Mailing Address

PO DRAWER 1367  
OKEECHOBEE FL 34973

2. Principal Place of Business

3. Mailing Address

1958 S.W. 28<sup>th</sup> Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Okeechobee FL.

Zip

Country

Zip

Country

34974

Okeechobee

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

7. Name and Address of New Registered Agent

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

Name

John F. Hales.

Street Address (P.O. Box Number is Not Acceptable)

1958 S.W. 28<sup>th</sup> Ave.

City

Okeechobee

FL

Zip Code

34974

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

John F. Hales P.D. John F. Hales P.D. 3-1-05.

(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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete  
NAME HALES, NORMAN F  
STREET ADDRESS 2357 S.W. 22 CIRCLE EAST  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE P.D. ☒ Change ☐ Addition  
NAME John F. Hales  
STREET ADDRESS 1958 S.W. 28<sup>th</sup> Ave  
CITY-ST-ZIP Okeechobee FL 34974

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S.D. ☐ Change ☐ Addition  
NAME Lisa H. Renfranz  
STREET ADDRESS 2206 S.W. 22<sup>nd</sup> Circle S.  
CITY-ST-ZIP Okeechobee FL 34974

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman F. Hales

3-1-05

Daytime Phone #

863-763-3275