#### **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

### DOCUMENT # H37278 THE LISENBY CORPORATION

US



**FILED** Mar 22, 2004 08:00 AM Secretary of State

Principal Place of Business

1095 WEST MORSE BLVD. WINTER PARK, FL 32789 Mailing Address

1095 WEST MORSE BLVD. WINTER PARK, FL 32789

US



## DO NOT WRITE IN THIS SPACE

03092004 No Chg-P CR2E034 (10/03)

4. FE! Number 59-2478925

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANGS, TERRY W. 1095 WEST MORSE BLVD. WINTER PARK, FL 32789

# DO NOT WRITE IN THIS SPACE

<ol><li>The above the obligat</li></ol>	enamed entity submits this statement for the patients of registered agent.	xurpose of changing its registered o	fice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and time	ff applicable. (NOTE, Registered Age	nt signature	required when reinstaling)	37AQ
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.	' <sub>□</sub>	\$5.00 May Be Added to Fees	U00000094455
10. OFFICERS AND DIRECTORS				<del></del>	<u> 103/22/04-80060-014 158.75</u>
TITLE	PD				
łame	BANGS, TERRY W.				
STREET ADDRESS	1095 WEST MORSE BLVD.				
XTY-ST-ZIP	WINTER PARK, FL 32789	i			

#### STD MAME SCHULTZ, KENNETH H. STREET ADDRESS 1095 WEST MORSE BLVD. CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

12. Thereby 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.

Kenneth Schultz

Secretary/Treasurer

407-645-3211 x 35

TE NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

03/09/04

Daytime Phone #