

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90214 039 ***150.00

DOCUMENT # J03932

1. Entity Name

LISENBY HOME CARE, INC.



Principal Place of Business

% ANN L. PARMER
412 N COVE BLVD.
PANAMA CITY FL 32401

Mailing Address

% ANN L. PARMER
412 N COVE BLVD.
PANAMA CITY FL 32401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE# Number **59-2645761**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

PARMER, ANN L.
412 N COVE BLVD.
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. Indicate

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PARMER, ANN L.**
STREET ADDRESS **1021 W CAROLINE BLVD.**
CITY-STATE-ZIP **PANAMA CITY FL**

TITLE **VP** ☒ Delete
NAME **WOODS, MARY ANN**
STREET ADDRESS **412 N COVE BLVD.**
CITY-STATE-ZIP **PANAMA CITY FL 32401**

TITLE **A.A.D** ☒ Delete
NAME **BURCH, MARY E.**
STREET ADDRESS **3706 PIPELINE RD**
CITY-STATE-ZIP **PANAMA CITY FL 32404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **VP Charles Lanphier**
STREET ADDRESS **4311 Bluebonnet Blvd.**
CITY-STATE-ZIP **Baton Rouge, LA 70809**

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

TITLE ☐ Change ☒ Addition
NAME **Secretary/Treasurer Nancy Fisher**
STREET ADDRESS **4311 Bluebonnet Blvd.**
CITY-STATE-ZIP **Baton Rouge, LA 70809**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nancy E Fisher

Nancy E Fisher

5/6/08

205-928 8984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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