

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2008 08:00 A
Secretary of State**

DOCUMENT # J65007

1. Entity Name
LIST HOLDINGS, INC.



Principal Place of Business

**223 SUNSET AVE
STE 110
PALM BEACH, FL 33480**

Mailing Address

**223 SUNSET AVE
#110
PALM BEACH, FL 33480 US**



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2797408 | 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

**LIST, MARTIN A.
223 SUNSET AVE
STE 110
PALM BEACH, FL 33480**

**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

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, 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 | VSD |
| NAME | LIST, CYNTHIA S |
| STREET ADDRESS | 223 SUNSET AVE STE 110 |
| CITY-ST-ZIP | PALM BEACH, FL |

| | |
|----------------|----------------------|
| TITLE | PTD |
| NAME | LIST, MARTIN A |
| STREET ADDRESS | 223 SUNSET AVE #110 |
| CITY-ST-ZIP | PALM BEACH, FL 33480 |

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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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04/16/08-80029-019 150.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08
Date

Daytime Phone #