2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90046 002 ***150.00

DOCUMENT # L37386

1. Entity Name
THE ALISTER GROUP, INC.

Principal Place of Business	Mailing Address
55 E OAK STREET APOPKA, FL 32712 US	P.O. BOX 4382 APOPKA, FL 32704 US

01152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13 E. 8TH STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL	City & State
Zip: 32703 Country: USA	Zip Country

4. FEI Number: 59-2980405 ☐ 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
HENRICKSON, CATHY J 1427-D OAK PLACE APOPKA, FL 32712	Name: NORMAN H. JOKINEN Street Address (P.O. Box Number is Not Acceptable): 1258 GREEN VISTA CIRCLE City: APOPKA FL Zip Code: 32712

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: Norman Jokinen 4-9-05
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~~

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOKINEN, NORMAN M. 1575 BELFAST CT APOPKA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HENRICKSON, CATHY J. 1427-D OAK PL APOPKA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. BOX 4403 APOPKA, FL 32704
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, F. SHELTON, JR. 5480 PARK VALE BLVD. WINTER PARK, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOKINEN, JULIE 1575 BELFAST CT APOPKA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JORDAN, LEN P.O. BOX 4382 APOPKA, FL 32704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Cathy Henrickson CATHY HENRICKSON 4-8-05 407-788-5907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #