

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # L37386

1. Entity Name
THE ALISTER GROUP, INC.



Principal Place of Business
**12-A W 7TH STREET
APOPKA, FL 32703 US**

Mailing Address
**P.O. BOX 4382
APOPKA, FL 32704 US**

DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)

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

**JOKINEN, NORMAN M
1258 GREEN VISTA CIRCLE
APOPKA, FL 32712**

**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	PD
NAME	JOKINEN, NORMAN M.
STREET ADDRESS	1258 GREEN VISTA CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	TD
NAME	HENRICKSON, CATHY J.
STREET ADDRESS	P O BOX 4403
CITY-ST-ZIP	APOPKA, FL 32704
TITLE	D
NAME	JONES, F. SHELTON, JR.
STREET ADDRESS	5480 PARK VALE BLVD.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	SD
NAME	JOKINEN, JULIE
STREET ADDRESS	1258 GREEN VISTA CIRCLE
CITY-ST-ZIP	APOPKA, FL
TITLE	VD
NAME	JORDAN, LEN
STREET ADDRESS	P.O. BOX 4382
CITY-ST-ZIP	APOPKA, FL 32704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80078-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Cathy Henrickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08 407-788-5907
Date Daytime Phone #