
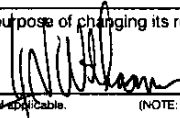
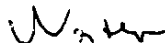


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90018 030 ***150.00

DOCUMENT # P01000119054 1. Entity Name LISCO INC.					
Principal Place of Business C/O COAST-TO-COAST REALTY 276 BALD EAGLE DR. MARCO ISLAND, FL 34145			Mailing Address C/O COAST-TO-COAST REALTY 276 BALD EAGLE DR. MARCO ISLAND, FL 34145		
2. Principal Place of Business 445 Dockside Drive		3. Mailing Address 999 Vanderbilt Bch Rd			
Suite, Apt. #, etc. 303		Suite, Apt. #, etc. 601			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 59-3761178	
Zip 34110		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34108		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLLER, PETRA C/O COAST-TO-COAST REALTY 276 BALD EAGLE DR. MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name Kyle N. Williamson Street Address (P.O. Box Number is Not Acceptable) 999 Vanderbilt Bch Rd Suite 601 City Naples FL Zip Code 34108		
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  2/28/05 <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> <input checked="" type="checkbox"/> Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. </div> <div> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESTLER, VOLKER <input type="checkbox"/> Delete WITTERSWILER STRASSE 34 4114 HOFSTETTEN, SWITZERLAND,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <input type="checkbox"/> Delete VOLKER, NESTLER WITTERSWILER STR 34 HOFSTETTEN, SWITZERLAND, 4114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  VOLKER W. NESTLER 03/08/05 (234) 514-3405 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					