# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 30, 2004 8:00 am**
**Secretary of State**
01-30-2004 90085 035 ***150.00

DOCUMENT # P02000016741

1. Entity Name
LISEDDY'S, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2449 DOVER AVE 13960 SW 74 St. | 2449 DOVER AVE 13960 SW 74 St |
| FT MYERS, FL 33907 Miami, FL 33183 | FT MYERS, FL 33907 Miami, FL 33183 |

01202004 No Chg P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
75-2999743
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, LISBETH M
2449 DOVER AVE 13960 SW 74 St.
FT MYERS, FL 33907 Miami, FL 33183

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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 Lisbeth M. Rodriguez 01-26-2004
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, 2004 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | RODRIGUEZ, LISBETH M |
| STREET ADDRESS | 2449 DOVER AVE 13960 SW 74 St. |
| CITY-ST-ZIP | FT MYERS, FL 33907 Miami, FL 33183 |
| TITLE | VP |
| NAME | RODRIGUEZ, EDWARD |
| STREET ADDRESS | 2449 DOVER AVE 13960 SW 74 St. |
| CITY-ST-ZIP | FT MYERS, FL 33907 Miami, FL 33183 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Lisbeth M. Rodriguez 01-26-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #