2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P0200003 1. Entity Name LIRISTIS CORPORATION				05-03-200-	4 91214 039 ***13	50.00
Principal Place of Business 2005 W BAKER STREET PLANT CITY, FL 33567 Mailing Address 2005 W BAKER STREET PLANT CITY, FL 33567				24066412		
2. Principal Place of Business	3. Mailing Address	<u> </u>				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04022004	Chg-P	CR2E034 (10/03)	
City & State	City & State		4. FEI Numbe 59-3709		 -	pplied For ot Applicable
Zip Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ad Fee Require	
6. Name and Address of Curren	t Registered Agent	Name	7. Name and	Address of New	Registered Agent	
LIRISTIS, GEORGE		Name				
3408 YOUNG ROAD · PLANT CITY, FL 33565		Street Address	(P.O. Box Numbe	r is Not Acceptab	ole)	
		City			FL Zip Coo	de
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its re	egistered office or regist	ered agent, or both	n, in the State of F	lorida. I am familiar with	, and accept
SIGNATURE						
Signature, typed or printed name of registered age	nt and trile if applicable. (NOTE: f	Registered Agent signature requi	red when reinstating)		DATE	i
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campaign Trust Fund Contrib		5.00 May Be Ided to Fees			
10. OFFICERS AN						
		11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11
TITLE P	D DIRECTORS Delete	TITLE	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR Change	RS IN 11
NAME LIRISTIS, GEORGE STREET ADDRESS 3408 YOUNG ROAD			ADDITIONS/	CHANGES TO OF		
NAME LIRISTIS, GEORGE		TITLE NAME	ADDITIONS/0	CHANGES TO OF		
NAME LIRISTIS, GEORGE STREET ADDRESS A408 YOUNG ROAD CITY-ST-ZIP PLANT CITY, FL 33565 TITLE V		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/	CHANGES TO OF		
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12. Thereby 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 of 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: STORY	4. 15-04-813751	13265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR	Date Daytime Phone #	
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