


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000075273
 1. Entity Name
 LISUSS, INC.



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| Principal Place of Business 7147 OLD KINGS ROAD, SOUTH 109 JACKSONVILLE, FL 32217 | Mailing Address 7147 OLD KINGS ROAD, SOUTH 109 JACKSONVILLE, FL 32217 |
|--|--|

DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 42-1574757 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GARRARD, JAY
 6828 ST AUGUSTINE RD
 JACKSONVILLE, FL 32217

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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 _____ (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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHTJEFNI, LODOVIK 7147 OLD KINGS ROAD, SOUTH 109 JACKSONVILLE, FL 32217 |
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 02/24/05-80136-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lodovik Shtjefni* 2/23/05 (904)7421524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #