

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126950

Entity Name: LYSTER SERVICES INC

FILED
May 28, 2009
Secretary of State

Current Principal Place of Business:

1155 FATIO ROAD
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 465
DELAND, FL 32721 US

New Mailing Address:

FEI Number: 14-1858577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUNDERBURK, MICHELLE L
1155 FATIO RD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

LUCAS, MICHELLE L
1155 FATIO RD
DELAND, FL 32720 US

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.

SIGNATURE: MICHELLE L LUCAS

05/28/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYSTER, SCOTT H
Address: 1155 FATIO ROAD
City-St-Zip: DELAND, FL 32720 US

Title: S,T () Delete
Name: LYSTER, SCOTT H
Address: 1155 FATIO ROAD
City-St-Zip: DELAND, FL 32720 US

Title: VP () Delete
Name: FUNDERBURK, MICHELLE L VP
Address: 1155 FATIO ROAD
City-St-Zip: DELAND, FL 32720 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LUCAS, MICHELLE L VP
Address: 1155 FATIO ROAD
City-St-Zip: DELAND, FL 32720 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE L LUCAS

VP

05/28/2009

Electronic Signature of Signing Officer or Director

Date