

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000126950

Entity Name: LYSTER SERVICES INC

**FILED**  
**Apr 29, 2011**  
**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: S,T  
Name: LUCAS, MICHELLE L VP  
Address: 1155 FATIO ROAD  
City-St-Zip: DELAND, FL 32720 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE LUCAS

VP

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date