

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000128379

Entity Name: LISA M. STIFFLER, INC.

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9105 ELLIS ROAD  
B-6  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

9105 ELLIS ROAD  
A-2  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

P O BOX 121770  
WEST MELBOURNE, FL 32912

**New Mailing Address:**

FEI Number: 05-0544044      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STIFFLER, LISA M  
291 NAYLOR DR.  
WEST MELBOURNE, FL 32904      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: PD  
Name: STIFFLER, LISA M  
Address: 291 NAYLOR DR.  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VP  
Name: STIFFLER, JACOB T  
Address: 291 NAYLOR DR.  
City-St-Zip: WEST MELBOURNE, FL 32904

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: LISA M STIFFLER

PD

01/24/2011

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

\_\_\_\_\_  
Date