


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90003 033 ***150.00

DOCUMENT # P03000106450 1. Entity Name LISDAN COMPANY					
Principal Place of Business 4609 NW 6TH STREET, UNIT B-1 GAINESVILLE, FL 32609 US			Mailing Address 3310 NW 30TH PLACE GAINESVILLE, FL 32605 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4609 NW 6TH STREET, UNIT B-1			
City & State		City & State GAINESVILLE, FL			
Zip	Country	Zip 32609	Country USA	4. FEI Number 20-0257328	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARLOW, DANE D 3310 NW 30TH PLACE GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name BARLOW, DANE D Street Address (P.O. Box Number is Not Acceptable) 5202 NW 8TH AVENUE City GAINESVILLE FL Zip Code 32605		
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 <i>Dane D. Barlow</i> DANE D. BARLOW, PRESIDENT 4 MAR 07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BARLOW, DANE D 3310 NW 30TH PLACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARLOW, DANE D 5202 NW 8TH AVENUE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARLOW, LISA A 3310 NW 30TH PLACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARLOW, LISA A 5202 NW 8TH AVENUE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Dane D. Barlow</i> DANE D BARLOW <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04 MAR 07 352 380 0341 <small>Date Daytime Phone #</small>		