

2004 FOR PROFIT CORPORATION ANNUAL REPORT

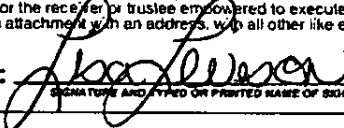
8/27/2004-90004-047-\$150.00-\$150.00

DOCUMENT # P03000109234					
1. Entity Name LISA B. LEVISON, P.A.					
Principal Place of Business 4012 EAGLEFLIGHT LN LAND O'LAKES, FL 34639			Mailing Address 4012 EAGLEFLIGHT LN LAND O'LAKES, FL 34639		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	County	Zip	Country	FEL Number 20-1682869	
4. Name and Address of Current Registered Agent HILKERT, DOUGLAS L P.A. 2557 NURSERY RD STE A CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and the corporation. (FCIS: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D LEVISON, LISA B 4012 EAGLEFLIGHT LN LAND O'LAKES, FL 34639 ☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
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FILED
04 OCT -4 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06302004 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 and changed, or on an attachment with an address, with all other like empowered.