

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000124732

1. Entity Name
LISTER STRIPE & SEAL, INC.



FILED

05 MAR 21 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2358 TUSCAVILLA RD.
TALLAHASSEE, FL 32312

Mailing Address
2358 TUSCAVILLA RD.
TALLAHASSEE, FL 32312

2. Principal Place of Business

3968 BOBBIN BROOK RING 3968 BOBBIN BROOK CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL 32312 USA

City & State

TALLAHASSEE, FL 32312 USA

02232005

Chg-P

CR2E034 (10/03)

4. FEI Number

562 416 467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LISTER, HAYES S.
2358 TUSCAVILLA RD.
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name HAYES S. LISTER
Street Address (P.O. Box Number is Not Acceptable)
3968 BOBBIN BROOK CIRCLE
City TALLAHASSEE FL Zip Code 32312

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LISTER, HAYES S
STREET ADDRESS 2358 TUSCAVILLA RD.
CITY- ST- ZIP TALLAHASSEE, FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE HAYES S. LISTER ☒ Change ☐ Addition
NAME
STREET ADDRESS 3968 BOBBIN BROOK CIRCLE
CITY- ST- ZIP TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
500049351075
03/29/05--01039--005 **150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hayes S. Lister

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05 (850) 219-8097

Date

Daytime Phone #