


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90213 038 ***158.75

DOCUMENT # P94000018852


1. Entity Name
LISTERS PLUS REALTY, INC.



Principal Place of Business 1126 COUNTRY CLUB BLVD CAPE CORAL, FL 33990 US	Mailing Address 1126 COUNTRY CLUB BLVD CAPE CORAL, FL 33990 US
---	---



4 -



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0474735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MEHMEDBASIC, SEAD
 1126 COUNTRY CLUB BLVD
 CAPE CORAL, FL 33990**



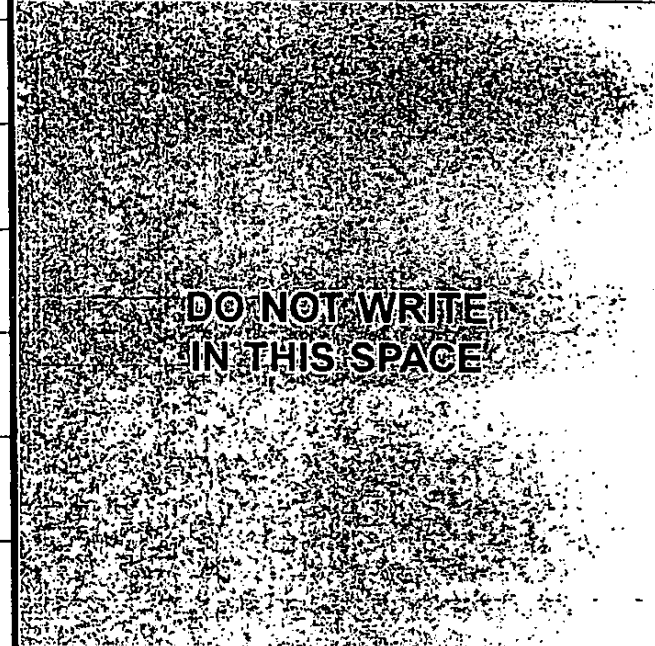
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS MEHMEDBASIC, SEAD 1126 COUNTRY CLUB BLVD CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MEHMEDBASIC, MARIJANA 1126 COUNTRY CLUB BLVD CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	



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: [Signature] Date: 14/14/08 (239) 206-1429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR