

DOCUMENT # P94000018852

1. Entity Name
LISTERS PLUS REALTY, INC.



06-02-2008 90006 025 ***158.75
P94000018852

FILED

08 JUN -6 AM 7:25

SECRETARY OF STATE



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

2. Principal Place of Business: No P.O. Box #
87A SW 4TH STREET
Suite, Apt. #, etc. #3
3. Mailing Address:
87A SW 4TH STREET
Suite, Apt. #, etc. #3

08272008 Chg-P CR2E034 (12/06)

City & State: CAPE CORAL FL
City & State: CAPE CORAL FL

4. FEI Number: 65-0474735
Applied For: Not Applicable

City & State: CAPE CORAL FL
City & State: CAPE CORAL FL

Zip: 33991
County: Lee
Zip: 33991
County: Lee

6. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name:
Street Address (P.O. Box Number is Not Acceptable):
87A SW 4TH STREET
UNIT 3
City: CAPE CORAL FL Zip Code: 33991

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: _____ (NOTE: Registered Agent signature requires witness subscription) DATE: _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

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

TITLE: Change Addition
NAME: MEHMEDBASIC, SEAD
STREET ADDRESS: 87A SW 4TH STREET UNIT #3
CITY-ST-ZIP: CAPE CORAL, FL 33991

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

TITLE: Change Addition
NAME: MEHMEDBASIC, MARIJANA
STREET ADDRESS: 87A SW 4TH STREET UNIT #3
CITY-ST-ZIP: CAPE CORAL, FL 33991

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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

TITLE: Delete
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STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
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TITLE: Delete
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TITLE: Change Addition
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STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 trustee 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 a date of change.

SIGNATURE: _____ DATE: 5/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR