2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 30, 2006 08:00 AM DOCUMENT # P95000064495 Secretary of State 1. Entity Name RAYMOND J. LISTER, INC. Principal Place of Business Mailing Address 6337 COCOS DRIVE FORT MYERS FL 33908 6337 COCOS DRIVE FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0605806 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LISTER, RAYMOND J Street Address (P.O. Box Number is Not Acceptable) 3949 EVANS AVE SUITE 205 FORT MYERS FL 33901 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaion Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition 11175 ☐ Delete TITLE LISTER, RAYMOND J NAME NAME STREET ADDRESS STREET ADDRESS 6337 COCOS DRIVE CITY-ST-7IP CITY-ST-78 FORT MYERS FL 33908 ☐ Change ☐ Addition 3331 F ☐ Delete TITLE 000000485482 NAME NAME STREET ADDRESS 04/12/06-80085-006 150.00 STREET ADDRESS CATY-ST-ZAP CITY-ST-ZIP MILE Delete HILL ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33315 Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 7271.8 NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZP CITY-ST-ZIP Change | Addition TITLE ☐ Delete 33355 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of changed, or on an attackment with an addition, with all other like empowered

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