2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011215

Entity Name: H. C. LISTER CORPORATION

HUSBANO, BETTY ANN

WEWAHITCHKA, FL 32465

P.O. BOX 377

Name:

Address:

City-St-Zip:

FILED Apr 19, 2009 Secretary of State

Littly Na	ille. H. O. Lic	TER CORPORATION					
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
	BIN BROOK (SSEE, FL 323						
Current M	lailing Addre	ss:	New Maili	New Mailing Address:			
	BIN BROOK (SSEE, FL 323						
FEI Number	: 59-3422866	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Des	sired ()	
Name and	Address of	Current Registered Agen	: Name and	Address o	f New Registered Agen	t:	
	CLAUDE E BIN BROOK (SSEE, FL 323						
	e named entity e of Florida.	submits this statement for	the purpose of changing i	ts registered	d office or registered ager	nt, or both,	
SIGNATUI	RE:						
	Electro	nic Signature of Registered	Agent		Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ().					
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LISTER, CLAU 3968 BOBBIN) Delete IDE E BROOK CIRCLE E, FL 323121238	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	•		Title: Name: Address: City-St-Zip:	LISTER, RO 1306 NEW Y			
Title: Name: Address: City-St-Zip:	S (BAXLEY, DEB P.O. BOX 507 WEWAHITCHI		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	Т () Delete	Title:	Т	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HUSBAND, BETTY ANN

WEWAHITCHKA, FL 32465

P.O. BOX 377

SIGNATURE: CLAUDE LISTER P 04/19/2009