

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000038431

1. Entity Name
LISNER HOLDINGS, INC.



Principal Place of Business
**5603 DUVAL ST
PENSACOLA, FL 32503 US**

Mailing Address
**5603 DUVAL ST
PENSACOLA, FL 32503 US**

DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3440942	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

**LISNER, CHARLES D
5795 AVENIDA MARINA
PENSACOLA, FL 32504**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISNER, CHARLES D 5795 AVENIDA MARINA PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISNER, MARTHA C 5795 AVENIDA MARINA PENSACOLA, FL 32504
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03/20/06-80029-013 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles D. Lisner **CHARLES D. LISNER** 3/8/06 8504772252