

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000061070

1. Entity Name  
THE LIST EXPERTS, INC.



Principal Place of Business  
3135 STATE ROAD 580  
SUITE 9  
SAFETY HARBOR, FL 34095 US

Mailing Address  
3135 STATE ROAD 580  
SUITE 9  
SAFETY HARBOR, FL 34095 US



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3458841

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CIANFRONE, JOSEPH  
1968 BAYSHORE BLVD  
DUNEDIN, FL 34698

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	EVANS, SHERYL
STREET ADDRESS	3135 STATE RD 580- STE 9
CITY - ST - ZIP	SAFETY HARBOR, FL 34695
TITLE	V
NAME	CARALLA, IRIS
STREET ADDRESS	3135 STATE RD 580-STE 9
CITY - ST - ZIP	SAFETY HARBOR, FL 34695
TITLE	S
NAME	SODNIK, SHERRI
STREET ADDRESS	3135 STATE ROAD 580-STE 9
CITY - ST - ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000252185  
03/05/05-80016-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Sheryl Evans* SHERYL EVANS

3/2/05 (121) 669-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #