

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000012026

1. Entity Name
INFO-LISTER, INC.



Principal Place of Business

306 EAST MAIN STREET
SUITE 200
LAKELAND, FL 33801

Mailing Address

P.O. BOX 90517
LAKELAND, FL 33804-0517



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3490756 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WAKEMAN, WILLIAM H III
306 E. MAIN ST.
SUITE 200
LAKELAND, FL 33801

**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 file 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 NAME STREET ADDRESS CITY - ST - ZIP | PC WAKEMAN, WILLIAM H III 1208 LAKE DEESON WOODS LANE LAKELAND, FL 33805 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD WAKEMAN, RICHARD 306 E. MAIN ST., STE 200 LAKELAND, FL 33801 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BALL, VERNON 28702 MEGAN DRIVE BONITA SPRINGS, FL 34135 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST HILLEVI, KIRKLAND 1427 GLENDALE ST. LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000358192
05/04/05-80105-007 150.00

**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)(f), 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:

Hillevi Kirkland

Hillevi Kirkland

4-29-05

(863) 688-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #