

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 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



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3490756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC
NAME WAKEMAN, WILLIAM H III
STREET ADDRESS 1208 LAKE DEESON WOODS LANE
CITY-ST-ZIP LAKELAND, FL 33805

TITLE D
NAME BALL, VERNON
STREET ADDRESS 28702 MEGAN DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ST
NAME HILLEVI, KIRKLAND
STREET ADDRESS 1427 GLENDALE ST.
CITY-ST-ZIP LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

U000000895329
04/24/08-80063-023 150.00

**DO NOT WRITE
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: Wm H Wakeman III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-08 863 658-4441
Date Daytime Phone #