


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # H51905 1. Entity Name WEST FLORIDA LIFE AND HEALTH SERVICES, INC.			
Principal Place of Business 6341-2 PALM PT. ST. PETERSBURG BEACH FL 33706		Mailing Address 6341-2 PALM PT. ST. PETERSBURG BEACH FL 33706	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent APPLEFIELD, RICK 6341-2 PALM PT ST PETERSBURG BCH FL 33706		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 59-2912976 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
B. 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 _____		DATE _____	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DST APPLEFIELD, HELEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000015856 01/28/04-80032-007 150.00
NAME	6341 2ND PALM POINT	NAME	
STREET ADDRESS	ST PETERSBURG BCH FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D APPLEFIELD, AARON	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6341 2ND PALM POINT	NAME	
STREET ADDRESS	ST PETERSBURG BCH FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D APPLEFIELD, CORY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6341 2ND PALM POINT	NAME	
STREET ADDRESS	ST PETERSBURG BCH FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D APPLEFIELD, RICK	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6341 2ND PALM POINT	NAME	
STREET ADDRESS	ST PETERSBURG BCH FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



MOORE CR2E034 (11/03)

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: Helen Applefield Date 1/22/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR