

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K70029

FILED
Apr 29, 2008
Secretary of State

Entity Name: LIFESPAN SERVICES, INC.

Current Principal Place of Business:

5207 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5207 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2939922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, BONNIE M.
5749 SEA BREEZE DR.
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARTIN, JOHN B.,
Address: 5749 SEA BREEZE DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: DST () Delete
Name: MARTIN, BONNIE M.,
Address: 5749 SEA BREEZE DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MANTILLA, CRISTINA
Address: 12137 COLONY LAKES BLVD
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D () Change (X) Addition
Name: SABO, KARL
Address: 12137 COLONY LAKES BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE M. MARTIN

DST

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date