


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K77490
1. Entity Name
FLORIDA LIFESTYLE REAL ESTATE, INC.



Principal Place of Business % RENE G. VANDEVOORDE 1327 N CENTRAL AVENUE SEBASTIAN, FL 32958	Mailing Address % RENE G. VANDEVOORDE 1327 N CENTRAL AVENUE SEBASTIAN, FL 32958
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0109413	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VANDEVOORDE, RENE G.
1327 N CENTRAL AVENUE
SEBASTIAN, FL 32958

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000113255 04/15/04-80002-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, LEWIS E. 732 CLEVELAND STREET 4A SEBASTIAN, FL 32958
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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: Lewis E. Gray Lewis E. GRAY (Pres.) 4/12/04 772-538-8348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #