


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90086 026 ***150.00

DOCUMENT # P05000166717			
1. Entity Name LIFE SPAN OF FLORIDA, INC.			
Principal Place of Business 1501 BRIGHT WATERS BLVD NE SAINT PETERSBURG, FL 33704		Mailing Address 1501 BRIGHT WATERS BLVD NE SAINT PETERSBURG, FL 33704	
2. Principal Place of Business - No P.O. Box # 1695 PINELLAS BAYWAY Suite, Apt. #, etc. C1		3. Mailing Address 1695 PINELLAS BAYWAY Suite, Apt. #, etc. C1	
City & State TIERRA VERDE, FL		City & State TIERRA VERDE, FL	
Zip 33715	Country USA PINELLA	Zip 33715	Country USA
4. FEI Number 51-0563158		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent KRODEL, WILLIAM H 4437 CENTRAL AVE ST PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D MENZIES, MARGAMAE 1501 BRIGHT WATERS BLVD NE SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MENZIES MARGA 1695 PINELLAS BAYWAY #C1 TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Marga Menzies</u>		Date: <u>March 30, 2007</u> 727-366-0004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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