## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P93000034018 1. Entity Name 04-16-2004 90093 034 \*\*\*150.00 LIFELIGHT PRODUCTIONS, INC. Principal Place of Business Mailing Address 2680 SW BEAR PAW TRAIL 2680 SW BEAR PAW TRAIL 74003567 PALM CITY FL 34990 US PALM CITY FL 34990 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0408468 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent W AUSNEHMER GREGG BANDY, GREGORY A. Street Address (P.O. Box Number is Not Acceptable) 555 NW 4TH AVE <u>5</u>W #114 **BOCA RATON FL 33432** 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. 3.18-04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition BANDY, HALLIE E NAME NAME 2045 HILH BRIGE ROAD STREET ADDRESS 2680 BEAR PAW TRAIL STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition BANDY, GREGORY A NAME NAME 2045 HIGH BRIDGE ROAD STREET ADDRESS 2680 BEAR PAW TRAIL STREET ADDRESS WILMORE CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P

12. Thereby 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 eath; 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.

4-9-04

FILED