

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000084586

1. Entity Name
LIFESTYLES ENTERPRISES, INC.



Principal Place of Business
2095 EL-LAGO WAY
JACKSONVILLE, FL 32224

Mailing Address
2095 EL-LAGO WAY
JACKSONVILLE, FL 32224



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3640084	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VESCE, VICTORIA
2095 EL-LAGO WAY
JACKSONVILLE, FL 32224

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000087398
03/15/04-80009-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VESCE, VICTORIA 2095 EL-LAGO WAY JACKSONVILLE, FL 32224
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*Paid Sec # 3038
3/9/04*

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Victoria L. Vesce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/04

Date

904)982-1717

Daytime Phone #