2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002981

1. Entity Name
LIFESPACES, INC.

Principal Place of Business	Mailing Address
624-E LONG POINT RD. MT. PLEASANT, SC 29464	PO BOX 2219 MT PLEASANT, SC 29465

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1113774
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, EDWARD L
4088 DRIFTING SAND TRAIL
DESTIN, FL 32541

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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 _____ 1/18/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FABIAN, FREDERICK T
STREET ADDRESS	768 MILLDENHALL RD.
CITY-ST-ZIP	MT PLEASANT, SC 29464
TITLE	V
NAME	SMITH, EDWARD L
STREET ADDRESS	4088 DRIFTING SAND TRAIL
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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02/25/05-80036-024 150.00

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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: _____ 1/18/05 843-216-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #