


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90013 022 ***150.00

DOCUMENT # 670869 1. Entity Name L*I*F*E ENTERPRISES, INC.			
Principal Place of Business 6202 A SW 01 TERRACE GAINESVILLE, FL 32608 US 10325 SW 49 Lane		Mailing Address 5202 A SW 01 TERRACE GAINESVILLE, FL 32608 US 10325 SW 49 Lane	
2. Principal Place of Business 10325 SW 49 Lane Suite, Apt. #, etc.		3. Mailing Address 10325 SW 49 Lane Suite, Apt. #, etc.	
City & State Gainesville FL Zip 32608 Country USA		City & State Gainesville FL Zip 32608 Country USA	
4. FEI Number 59-2037323		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01082005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LOESCH, LARRY C. 6202 A SW 01 TERRACE GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10325 SW 49 Lane 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, 2005 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	V LOESCH, BARBARA M 5202 A SW 01 TERRACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10325 SW 49 Lane
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOESCH, BARBARA M 5202 A SW 01 TERRACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10325 SW 49 Lane
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOESCH, LARRY C 5202 A SW 01 TERRACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10325 SW 49 Lane
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Larry C. Loesch <i>Larry C Loesch</i>		Date 1-8-05 Daytime Phone # 352-377-7703	