

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90018 005 ***150.00

DOCUMENT # F32782

1. Entity Name

LIFESAVING SYSTEMS CORPORATION



Principal Place of Business

**220 ELSBERRY ROAD
APOLLO BEACH FL 33572
US**

Mailing Address

**220 ELSBERRY ROAD
APOLLO BEACH FL 33572
US**

J4U04J00



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2067659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANESS, SAMUEL G

**6423 RUBIA CR **New: 6302 Marbella Blvd
APOLLO BEACH FL 33572**

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

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
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete
NAME MANESS, BARBARA
STREET ADDRESS 6423 RUBIA CR
CITY-ST-ZIP APOLLO BEACH FL

TITLE VS ☒ Change ☐ Addition
NAME MANESS, BARBARA
STREET ADDRESS 6302 MARBELLA BLVD
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE PT ☐ Delete
NAME MANESS, SAMUEL
STREET ADDRESS 6423 RUBIA CR
CITY-ST-ZIP APOLLO BEACH FL

TITLE PT ☒ Change ☐ Addition
NAME MANESS, SAMUEL
STREET ADDRESS 6302 MARBELLA BLVD
CITY-ST-ZIP APOLLO BEACH, FL 33572

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *A. A. Maness*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B.A. MANESS, VICE PRES. 02-04-04 813-645-2748

Date

Daytime Phone #