


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F76136 1. Entity Name LIFESTYLE SWIM SCHOOL, INC.	
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Principal Place of Business 1298 SW 15TH ST BOCA RATON, FL 33486	Mailing Address 1298 SW 15TH ST BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE	
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04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2173972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCKAY, ROBERT B 1298 SW 15TH ST BOCA RATON, FL 33486

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000115491 04/16/04-90026-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MCKAY, ROBERT B 1298 SW 15TH ST BOCA RATON, FL 00000, 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKAY, KATHLEEN K 1298 S.W. 15TH STREET BOCA RATON, FL 33486
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.	
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SIGNATURE: <u>Robert B. McKay</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-14-04 <small>Date</small>	561-393-6386 box #1 <small>Daytime Phone #</small>
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