


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------------------------------|--|---|--|
| DOCUMENT # F98000003648 1. Entity Name AMERICAN LIFESTYLES OF TENNESSEE, INC. | | | |  | |
| Principal Place of Business 3570 KEITH STREET, N.W. CLEVELAND, TN 37312 | | | Mailing Address 3570 KEITH STREET, N.W. CLEVELAND, TN 37312 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01202004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 62-1340023 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent 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 _____ (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. <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 | PC PRESTON, FORREST L 3570 KEITH STREET N.W. CLEVELAND, TN 37312 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS CLAYTON, ANGELENA Y 3570 KEITH STREET N.W. CLEVELAND, TN 37312 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS CROSS, CINDY S 3570 KEITH STREET N.W. CLEVELAND, TN 37312 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PRESTON, FORREST L 220 ANATOLE LANE CLEVELAND, TN 37312 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS THURMOND, JOAN E 3570 KEITH STREET, NW CLEVELAND, TN 37312 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS CROSS, CINDY 170 HUNTERS RUN CIRCLE CLEVELAND, TN 37311 | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. | | | U000000114365 04/15/04-80046-019 150.00 | | |
| SIGNATURE: <i>Joan E. Thurmond</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 4-12-04 (423) 423-5868 Date Daytime Phone # | | |

Joan E. Thurmond, Asst Secretary