


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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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	PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESTON, FORREST L		NAME	U00000114365	
STREET ADDRESS	3570 KEITH STREET N.W.		STREET ADDRESS	04/15/04-80046-019 150.00	
CITY - ST - ZIP	CLEVELAND, TN 37312		CITY - ST - ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAYTON, ANGELENA Y		NAME		
STREET ADDRESS	3570 KEITH STREET N.W.		STREET ADDRESS		
CITY - ST - ZIP	CLEVELAND, TN 37312		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSS, CINDY S		NAME		
STREET ADDRESS	3570 KEITH STREET N.W.		STREET ADDRESS		
CITY - ST - ZIP	CLEVELAND, TN 37312		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESTON, FORREST L		NAME		
STREET ADDRESS	220 ANATOLE LANE		STREET ADDRESS		
CITY - ST - ZIP	CLEVELAND, TN 37312		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THURMOND, JOAN E		NAME		
STREET ADDRESS	3570 KEITH STREET, NW		STREET ADDRESS		
CITY - ST - ZIP	CLEVELAND, TN 37312		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSS, CINDY		NAME		
STREET ADDRESS	170 HUNTERS RUN CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	CLEVELAND, TN 37311		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: <i>Joan E. Thurmond</i>			4-12-04 (423) 423-5868		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
Joan E. Thurmond, Asst Secretary					