


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000003648 1. Entity Name AMERICAN LIFESTYLES OF TENNESSEE, INC.	
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Principal Place of Business 3570 KEITH STREET, N.W. CLEVELAND, TN 37312	Mailing Address 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1340023	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re/instating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC PRESTON, FORREST L 3570 KEITH STREET N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CLAYTON, ANGELENA Y 3570 KEITH STREET N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CROSS, CINDY S 3570 KEITH STREET N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRESTON, FORREST L 220 ANATOLE LANE CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS THURMOND, JOAN E 3570 KEITH STREET, NW CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CROSS, CINDY 170 HUNTERS RUN CIRCLE CLEVELAND, TN 37311

**DO NOT WRITE
IN THIS SPACE**

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04/05/05-80021-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joan E Thurmond* **3-16-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #