

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G96600**  
 1. Entity Name  
 LIFESTYLE HOMES OF PALM BAY, INC.



Principal Place of Business      Mailing Address  
 4341 FORTUNE PLACE      4341 FORTUNE PLACE  
 MELBOURNE, FL 32904 US      MELBOURNE, FL 32904 US

**DO NOT WRITE IN THIS SPACE**



03162004    No Chg-P    CR2E034 (10/03)

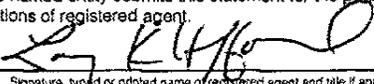
4. FEI Number      Applied For  
 59-2410490      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HUFFORD, LARRY  
 1041 SUNSWEPT RD  
 PALM BAY, FL 32905

**DO NOT WRITE IN THIS SPACE**

6. 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       DATE 3/22/04  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

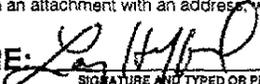
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUFFORD, LARRY
STREET ADDRESS	1041 SUNSWEPT RD
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	VSD
NAME	LUHN, JOHN E.
STREET ADDRESS	6395 US HWY 1 SOUTH
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000098686  
 03/29/04-80050-019 158.75

**DO NOT WRITE IN THIS SPACE**

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:       DATE 3/22/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #