2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM DOCUMENT # H51905 **Secretary of State** WEST FLORIDA LIFE AND HEALTH SERVICES, INC. Mailing Address Principal Place of Business 6341-2 PALM PT. 6341-2 PALM PT. ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2912976 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent APPLEFIELD, RICK Street Address (P.O. Box Number is Not Acceptable) 6341-2 PALM PT ST PETERSBURG BCH FL 33706 City 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Repistered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition arte DST Delete U00000015856 NAME APPLEFIELD, HELEN MAASE 01/28/04-80032-007 **150.00** STREET ADDRESS STREET ADDRESS 6341 2ND PALM POINT CITY -ST-ZIP ST PETERSBURG BCH FL CITY-ST-ZIP Change Addition ☐ Delete TITLE BILE NAME APPLEFIELD, AARON NAME STREET ADDRESS STREET ADDRESS 6341 2ND PALM POINT ST PETERSBURG BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME APPLEFIELD, CORY NAME STREET ADDRESS STREET ADDRESS 6341 2ND PALM POINT CITY - ST - ZIP CRTY - ST - ZXP ST PETERSBURG BCH FL ☐ Change Addition 71**7**1.E Delete THE APPLEFIELD, RICK NAME NAME STREET ADDRESS 6341 2ND PALM POINT STREET ADDRESS ST PETERSBURG BCH FL CITY-ST-ZIP CITY-ST-ZIP Delete Addition TIDE IFFLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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-gempowered.

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #