## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H68733

Name:

Address: City-St-Zip: KEDAN, MOSHE

2354 HADDON HALL PL

CLEARWATER, FL 337648524

FILED Jan 09, 2004 Secretary of State

Entity Name: LIFE PROPERTIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3621 US HWY 19 NEW PORT RICHEY, FL 34652 LIS **Current Mailing Address: New Mailing Address:** 3621 US HWY 19 NEW PORT RICHEY, FL 34652 US FEI Number: 59-2560127 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEDAN, ARON 223 CYPRESS TRCE TARPON SPRINGS, FL 346898524 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WELCH, HOWARD H Name: Name: 58 THATCH PALM ST W Address: Address: City-St-Zip: LARGO, FL 337707417 City-St-Zip: Title: DΡ Title: () Delete () Change () Addition Name: KEDAN ARON Name: 223 CYPRES TRACE Address: Address: TARPON SPRINGS, FL 346898524 City-St-Zip: City-St-Zip: Title: Title: DT ( ) Delete () Change () Addition KEDAN, ELLA Name: Name: 2354 HADDON HALL PL Address: Address: CLEARWATER, FL 337647510 City-St-Zip: City-St-Zip: Title: DS ( ) Delete Title: () Change () Addition WELCH, SCOTT D Name: Name: Address: 4254 PRESERVE PL Address: City-St-Zip: PALM HARBOR, FL 346854032 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT WELCH DS 01/09/2004