

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90144 010 ***150.00

DOCUMENT # H68733

1. Entity Name
LIFE PROPERTIES, INC.



Principal Place of Business
**3621 US HWY 19
NEW PORT RICHEY, FL 34652 US**

Mailing Address
**3621 US HWY 19
NEW PORT RICHEY, FL 34652 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
34824 US Hwy. 19 N.
Suite, Apt. #, etc.

City & State
Palm Harbor, FL

Zip Country
34684 US

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2560127

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEDAN, ARON
223 CYPRESS TRCE
TARPON SPRINGS, FL 34689-8524**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
WELCH, HOWARD H
58 THATCH PALM ST W
LARGO, FL 337707417** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
KEDAN, ARON
223 CYPRESS TRACE
TARPON SPRINGS, FL 346898524** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DT
KEDAN, ELLA
2354 HADDON HALL PL
CLEARWATER, FL 337647510** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
WELCH, SCOTT D
4254 PRESERVE PL
PALM HARBOR, FL 346854032** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
KEDAN, MOSHE
2354 HADDON HALL PL
CLEARWATER, FL 337648524** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/S/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Aron Kedan Aron Kedan

03/29/06 (727) 787-6173

Date Daytime Phone #