


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L65826 1. Entity Name LIVELY ENTERPRISES, INC.		
Principal Place of Business 201 COUNTY RD. BIG PINE KEY, FL 33043	Mailing Address 201 COUNTY RD. BIG PINE KEY, FL 33043	



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0196271	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIVELY, ALTON J.
201 COUNTY ROAD
BIG PINE KEY, FL 33043

**DO NOT WRITE
IN THIS SPACE**

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, 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	D
NAME	LIVELY, ALTON J.
STREET ADDRESS	201 COUNTY RD.
CITY - ST - ZIP	BIG PINE KEY, FL 33043

TITLE	D
NAME	LIVELY, BETTY J.
STREET ADDRESS	201 COUNTY RD.
CITY - ST - ZIP	BIG PINE KEY, FL 33043

TITLE	PD
NAME	LIVELY, DAVID
STREET ADDRESS	201 COUNTY RD.
CITY - ST - ZIP	BIG PINE KEY, FL 33043

TITLE	VSTD
NAME	WOLFE, KAREN
STREET ADDRESS	201 COUNTY RD.
CITY - ST - ZIP	BIG PINE KEY, FL 33043

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/15/04-80066-014 150.00

**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)(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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alton J. Lively **ALTON J. LIVELY** 4/12/04 305 872-2443