



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90033 009 ****61.25

DOCUMENT # N01000004087 1. Entity Name TOOLS FOR LIVING, INC.					
Principal Place of Business 888 TAYLOR ROAD PORT ORANGE, FL 32127				Mailing Address 888 TAYLOR ROAD PORT ORANGE, FL 32127	
2. Principal Place of Business 500 S. Beach St Suite, Apt. #, etc. #C2		3. Mailing Address 500 S. Beach St C2 Suite, Apt. #, etc. #C2		24041492 	
City & State Daytona Beach Fl Zip 32114		City & State Daytona Beach Fl Zip 32114		4. FEI Number 59-3741287	
Country Polusia		Country Polusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, VALLIS 500 S. BEACH STREET, #C2 DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>[Signature]</i></u> Treasurer 3/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$01.25 Due by May 1, 2004		9. Election/Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME MILLER, VALLIS STREET ADDRESS 500 S. BEACH STREET, #C2 CITY-ST-ZIP DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE President NAME Miller Vallis STREET ADDRESS 500 S. Beach St #C2 CITY-ST-ZIP Daytona Beach, Fl 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROBERTS, JOANNE STREET ADDRESS 3713 HUGH ST CITY-ST-ZIP PORT ORANGE, FL 32129	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P NAME KING, RICHARD STREET ADDRESS 888 TAYLOR ROAD CITY-ST-ZIP PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE D NAME King Richard STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DEVINE, PATRICIA STREET ADDRESS 1720 CORDOVA AVE CITY-ST-ZIP HOLLY HILL, FL 32117	<input type="checkbox"/> Delete		TITLE D NAME Barbara June STREET ADDRESS 21 Morning Star Dr CITY-ST-ZIP Ormond Bch, Fl 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME ELIJAH, JOY A STREET ADDRESS 1190 HERBERT ST CITY-ST-ZIP PORT ORANGE, FL 32129	<input type="checkbox"/> Delete		TITLE NAME Ellen Wheeler STREET ADDRESS 1205 Belaire Dr CITY-ST-ZIP Daytona Bch, Fl 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME ZACHERY, REBECCA STREET ADDRESS 181 DESKIN DRIVE CITY-ST-ZIP SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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: <u><i>Vallis Miller</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/19/04 (386)254-4746 <small>Date Daytime Phone #</small>		