## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 20, 2006 8:00 am DOCUMENT # N05000008931 **Secretary of State** 1. Entity Name 02-20-2006 90044 047 \*\*\*\*61.25 LYFESCAPE DEVELOPMENTS, INC. Principal Place of Business Mailing Address PO BOX 237782 PO BOX 237782 COCOA FL 32923-7782 COCOA FL 32923-7782 2. Principal Place of Business 3. Mailing Address 4512 PINE CONE PLACE PO BOX 237782 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For COCOA, FL COCOA, FL 20-3704918 Not Applicable Country Country \$8.75 Additional 32926 5. Certificate of Status Desired USA : 32923-7782 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEARN, P.W. Street Address (P.O. Box Number is Not Acceptable) 4512 PINE CONE PL COCO FL 32926 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typod or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change TITLE PRESIDENT X Addition NAME YVONNE CAPERS STREET ADDRESS STREET ADDRESS 1003 HOWARD STREET AT > CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE, FL 32955 X Addition TITLE VICE-PRESIDENT ☐ Delete TITLE Change NAME NAME PHIL HEARN STREET ADDRESS STREET ADDRESS 4055 QUAIL PATH ROAD CITY-ST-ZIP CITY-S1-ZIP COCOA, FL 32926 TREASURER ☐ Delete X Addition NAME NAME RANDY HEARN STREET ADDRESS STREET ADDRESS 3681 FOX WOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>TITUSVILLE, FL 32780</u> Addition ASST. TREASURER TITE E □ Delete TITLE ☐ Change NAME NAME JOHN THOMAS 603 S. KENTUCKY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 CITY-ST-ZIP TITLE ASST. SECRETARY ☐ Delete TITLE ☐ Change 🔀 Addition A. DORA JACKSON NAME NAME STREET ADDRESS STREET ADDRESS 417 PROSPECT AVENUE CITY-ST-ZIP CITY-ST-ZIP COCOA, FL:32922 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 prother like empowered.

SIGNATURE:

28 06 (3 21) 631-3553