

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000008931**

1. Entity Name  
LYFESCAPE DEVELOPMENTS, INC.



Principal Place of Business  
4512 PINE CONE PL  
COCOA, FL 32926

Mailing Address  
POB 237782  
COCOA, FL 32923-7782



04172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3704918

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HEARN, P.W.  
4512 PINE CONE PL  
COCO, FL 32926

**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

**Filing Fee Is \$61.25  
Due by May 1, 2007**

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  
P  
CAPERS, YVONNE  
10031 HOWARD ST  
ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HEARN, PHIL  
4055 QUAIL PATH RD  
COCOA, FL 32926

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
HEARN, RANDY  
3681 FOX WOOD DR  
TITUSVILLE, FL 32780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
THOMAS, JOHN  
603 S KENTUCKY AV  
COCOA, FL 32926

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
JACKSON, ALDORA  
417 PROSPECT AVE  
COCOA, FL 32922

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

U000000746890  
05/17/07-80004-024 70.00

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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07  
Date

Daytime Phone #