

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000705

**FILED**  
**Mar 22, 2004**  
**Secretary of State****Entity Name:** LOUISIANA LIFESTYLES PRODUCTIONS, INC.**Current Principal Place of Business:**1142 WOODBROOK DR  
LARGO, FL 33770 US**New Principal Place of Business:**11616 BOKI LANE  
THONOTOSASSA, FL 33592 US**Current Mailing Address:**1142 WOODBROOK DR  
LARGO, FL 33770 US**New Mailing Address:**P.O. BOX 447  
THONOTOSASSA, FL 33592 US**FEI Number:** 59-3293922**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CLODFELTER, RICHARD  
1142 WOODBROOK DR  
LARGO, FL 33770 US**Name and Address of New Registered Agent:**SYLVESTER, BENNY  
11616 BOKI LANE  
THONOTOSASSA, FL 33592 US

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.

SIGNATURE: BENNY SYLVESTER

03/22/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SYLVESTER, EDWINA  
Address: P O BOX 447  
City-St-Zip: THONOTOSASSA, FL 33592

Title: TD ( ) Delete  
Name: DECOU, JERRY  
Address: 137 ALLENS RIDGE DR. E.  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: SYLVESTER, BENNY  
Address: P O BOX 447  
City-St-Zip: THONOTOSASSA, FL 33592

Title: D ( ) Delete  
Name: HILDEBRAND, PEGGY  
Address: 10921 ANNETTE AVE  
City-St-Zip: TAMPA, FL 33612

Title: DS ( ) Delete  
Name: CRESWELL, BECKY  
Address: 2609 GULF CITY ROAD  
City-St-Zip: RUSKIN, FL 33570

Title: TD ( ) Delete  
Name: CLODFELTER, RICHARD  
Address: 1142 WOOD BROOK DR.  
City-St-Zip: LARGO, FL 33770

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENNY SYLVESTER

PRES

03/22/2004

Electronic Signature of Signing Officer or Director

Date