2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2004
Secretary of State

DOCUMENT# N98000003973

Entity Name: LIFESTYLE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

3264 MANHATTAN AVE.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

3264 MANHATTAN AVE.
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-3521032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHINS, WILLIAM H
3264 MANHATTAN AVE.
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

HUTCHINGS, WILLIAM H
3264 MANHATTAN AVE.
GREEN COVE SPRINGS, FL 32043 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: WILLIAM H HUTCHINGS 04/18/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HUTCHINGS, WILLIAM H
Address: 3264 MANHATTAN AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: HUTCHINGS, MYRNA L
Address: 3264 MANHATTAN AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: HESELSCHWERDT, RACHEL Y
Address: EATON ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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:

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: WILLIAM H HUTCHINGS D 04/18/2004
Electronic Signature of Signing Officer or Director Date