

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002453

1. Entity Name
LIFETIDES HOME, INC.



Principal Place of Business

3133 LAS OLAS DRIVE
DUNEDIN, FL 34698 US

Mailing Address

3438 EAST LAKE RAD.
SUITE 14, PMB 650
PALM HARBOR, FL 34685



04302008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

59-3450873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DILENCE, SUE
3710 OLD KEYSTONE RD.
TARPON SPRINGS, FL 34688

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000944723
05/29/08-80110-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
DILENCE, SUE
STREET ADDRESS
3710 OLD KEYSTONE RD.
CITY-ST-ZIP
TARPON SPRINGS, FL 34688

TITLE
NAME
S
CANIANO, JAMES
STREET ADDRESS
4175 E BAY DR., #130
CITY-ST-ZIP
CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #