

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005614

Entity Name: LIFECHANGE CONCEPTS, INC.

FILED  
Mar 22, 2004  
Secretary of State

## Current Principal Place of Business:

13902 N. DALE MABRY HWY.  
285  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 272230  
TAMPA, FL 33688

## New Mailing Address:

FEI Number: 59-3599181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNCH, RAYMOND E  
15911 COUNTRYBROOK ST.  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: LYNCH, RAYMOND E  
Address: 15911 COUNTRYBROOK STREET  
City-St-Zip: TAMPA, FL 33624

Title: VPSD ( ) Delete  
Name: LYNCH, JUDY A  
Address: 15911 COUNTRYBROOK STREET  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: KELLY, AL  
Address: 9801 CREEK CROSS ST.  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: BIEBER, HENRY  
Address: 17312 MINNIE PLACE  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: SANABRIA, RAY  
Address: 4425 GOLF CLUB LANE  
City-St-Zip: TAMPA, FL 33624

## 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:

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: RAYMOND E. LYNCH

PTD

03/22/2004

Electronic Signature of Signing Officer or Director

Date