

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90113 028 ****70.00

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|--|---|--|--|---|--|
| DOCUMENT # N99000005614 1. Entity Name LIFECHANGE CONCEPTS, INC. | | | | | |
| Principal Place of Business 13902 N. DALE HADRY HWY. 285 TAMPA, FL 33618 | | | Mailing Address P. O. BOX 272230 TAMPA, FL 33688 | | |
| 2. Principal Place of Business 4905 Van Dyke Rd. Suite, Apt. #, etc. Suite 16 City & State Lutz, FL Zip 33558 | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA | | | |
| 4. FEI Number 59-3599181 | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 03242006 Chg-NP CR2E037 (11/05) | |
| 6. Name and Address of Current Registered Agent LYNCH, RAYMOND E 15911 COUNTRYBROOK ST. 2017 Abbey Trace Drive TAMPA, FL 33624 Dover, FL 33527 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing- Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD LYNCH, RAYMOND E 15911 COUNTRYBROOK STREET TAMPA, FL 33624 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD LYNCH, JUDY A 15911 COUNTRYBROOK STREET TAMPA, FL 33624 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLY, AL 9801 CREEK CROSS ST. TAMPA, FL 33647 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BIEBER, HENRY 17312 MINNIE PLACE LUTZ, FL 33549 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Collins, Kristi 17302 Linda Vista Circle Lutz, FL 33548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANABRIA, RAY 4425 GOLF CLUB LANE TAMPA, FL 33624 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Porrucolo, John 15342 Sherwood Forest Dr. Tampa, FL 33647-2100 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Raymond Lynch</u> Raymond Lynch | | | 3/27/06 813-244-7042 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |