
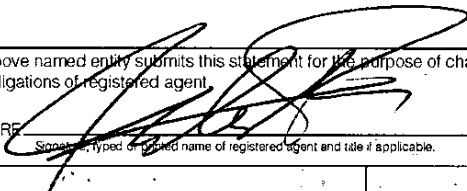
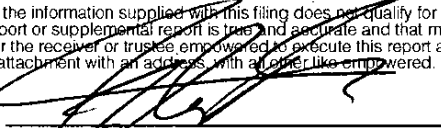


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90019 047 ***150.00

DOCUMENT # P00000021086 1. Entity Name LIFETIME HOMES OF JACKSONVILLE, INC.					
Principal Place of Business 9301 OLD KINGS RD. JACKSONVILLE, FL 32257			Mailing Address 9301 OLD KINGS RD. JACKSONVILLE, FL 32257		
2. Principal Place of Business 4580 Julington Creek Rd Suite, Apt. #, etc.		3. Mailing Address 4580 Julington Creek Rd Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32258		City & State Jacksonville, FL Zip 32258		4. FEI Number 59-3642105	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DOSTIE, RENE' JR. 9301 OLD KINGS RD. JACKSONVILLE, FL 32257				7. Name and Address of Now Registered Agent Name Rene Dostie, Jr. Street Address (P.O. Box Number is Not Acceptable) 4580 Julington Creek Rd City Jacksonville FL Zip Code 32258	
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 reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME DOSTIE, RENE' JR.		TITLE P	NAME Rene Dostie, Jr.	
STREET ADDRESS 9301 OLD KINGS RD.	CITY-ST-ZIP JACKSONVILLE, FL 32257		STREET ADDRESS 4580 Julington Creek Road	CITY-ST-ZIP Jacksonville, FL 32258	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 			TITLE 		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 			TITLE 		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 			TITLE 		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: 			1/7/05 (904) 880-6441		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		