



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000026504 1. Entity Name LIFETIME BOOKS AND GIFTS, INC.	
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Principal Place of Business 3900 CHALET SUZANNE DRIVE LAKE WALES, FL 33853	Mailing Address 3900 CHALET SUZANNE DRIVE LAKE WALES, FL 33853
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DO NOT WRITE IN THIS SPACE

	
03082004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3706216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FAREWELL, ROBERT J 3900 CHALET SUZANNE DRIVE LAKE WALES, FL 33853
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000087345 03/15/04 00007 017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FAREWELL, ROBERT J 3900 CHALET SUZANNE DRIVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FAREWELL, CHRISTINA H 3900 CHALET SUZANNE DRIVE LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 all other like empowered.

SIGNATURE:  ROBERT J. FAREWELL	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		