

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90042 015 ***150.00

DOCUMENT # P01000076264

1. Entity Name

LIFETIME INDUSTRIES, INC.



Principal Place of Business

**618 WASHBURN RD
MELBOURNE FL 32934**

Mailing Address

**618 WASHBURN RD
MELBOURNE FL 32934**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3736004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIHLAJA LACINA, KATHY
618 WASHBURN RD
MELBOURNE FL 32934**

Name **Pihlaja, Kathy Joanne**

Street Address (P.O. Box Number is Not Acceptable)

618 WASHBURN ROAD

City **MELBOURNE**

FL

Zip Code **32934**

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

Kathy Joanne Pihlaja **Kathy Joanne Pihlaja** **3/29/08**

Signature, type or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D**
STREET ADDRESS **PIHLAJA LACINA, KATHY**
CITY-ST-ZIP **618 WASHBURN RD
MELBOURNE FL 32934** ☐ Delete

TITLE
NAME **D** ☒ Change ☐ Addition
STREET ADDRESS **PIHLAJA, KATHY JOANNE**
CITY-ST-ZIP **618 WASHBURN RD**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **MELBOURNE, FL 32934** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Kathy Joanne Pihlaja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/08

Date

Daytime Phone #

321 757-8678