


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000109802**

1. Entity Name  
LIFE STREAM PROPERTIES INC.



Principal Place of Business  
POST OFFICE BOX 15965  
PLANTATION, FL 33318

Mailing Address  
POST OFFICE BOX 15965  
PLANTATION, FL 33318



03062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0812040

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

GARVEY, MICHAEL G  
4182 TRENTON AVENUE  
COOPER CITY, FL 33026

**DO NOT WRITE IN THIS SPACE**

9. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARVEY, JEAN POST OFFICE BOX 15965 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARVEY, MICHAEL G POST OFFICE BOX 15965 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARVEY, MARJORIE K POST OFFICE BOX 15965 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARVEY, MICHAEL JR. POST OFFICE BOX 15965 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000117597  
114/19/04-80026-005 150.00

**DO NOT WRITE IN THIS SPACE**

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 all other like empowered.

SIGNATURE: MICHAEL GARVEY 4/19/04 954 295-1055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #