


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90054 009 \*\*\*158.75

<b>DOCUMENT # P02000133019</b> 1. Entity Name <b>LIFESTYLES OF OCALA, INC.</b>					
Principal Place of Business <b>6144 SOUTHWEST STATE ROAD 200 OCALA, FL 34476</b>			Mailing Address <b>POST OFFICE BOX 771104 OCALA, FL 34477-1104</b>		
2. Principal Place of Business <b>7355 SW 38TH STREET</b>		3. Mailing Address <b>107 NE 1ST AVENUE</b>			
Suite, Apt. #, etc. <b>UNIT 106A</b>		Suite, Apt. #, etc.			
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL</b>			
Zip <b>34474</b>	Country <b>USA</b>	Zip <b>34470</b>	Country <b>USA</b>	4. FEI Number <b>59-3487159</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>TONA, FRANK J 6144 SOUTHWEST STATE ROAD 200 OCALA, FL 34476</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>7355 SW 38TH STREET, UNIT 106A</b> City <b>FL</b> Zip Code <b>34474</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TONA, FRANK J 6144 SOUTHWEST STATE ROAD 200 OCALA, FL 34476</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRANK J TONA 7355 SW 38TH STREET, UNIT 106A OCALA, FL 34474</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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 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: <u>Frank J Tona</u>			FRANK J TONA <u>352-854-8839</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		