

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90443 026 ***150.00

DOCUMENT # P03000005883

1. Entity Name

LIFETIME SOLUTIONS, INC.



Principal Place of Business

Mailing Address

4270-D HAZEL AVENUE
PALM BEACH GARDENS FL 33410

4270-D HAZEL AVENUE
PALM BEACH GARDENS FL 33410



2. Principal Place of Business

3. Mailing Address

1097 Jupiter Park Lane

1097 Jupiter Park Lane

Suite, Apt., etc.

Suite, Apt., etc.

4

4

City & State

City & State

Jupiter, FL

Jupiter, FL

Zip

Country

Zip

Country

33458

U.S.A.

33458

U.S.A.

1st MOORE

CR2E034 (10/05)

4. FEI Number

03-0535866

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

TAYLOR, BARRY W
900 E. INDIANTOWN ROAD
SUITE 305
JUPITER FL 33477

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when consenting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 D ☐ Delete
NAME SEEVER, LARRY FRANKLIN
STREET ADDRESS 4270-D HAZEL AVENUE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE P ☒ Change ☐ Addition
NAME Seever, Larry Franklin
STREET ADDRESS 6122 NW Durian Street
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE D ☐ Delete
NAME SEEVER, GERALDINE
STREET ADDRESS 4270-D HAZEL AVENUE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE T ☒ Change ☐ Addition
NAME Seever, Geraldine
STREET ADDRESS 6122 NW Durian Street
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 561-745-3162