

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 8:00 am
Secretary of State**

04-04-2005 90062 025 ***150.00

DOCUMENT # P03000012255

**1. Entity Name
LIFESTORYWRITER, INC.**



**Principal Place of Business
2694 IRMA LAKE DRIVE
WEST PALM BEACH, FL 33411**

**Mailing Address
2694 IRMA LAKE DRIVE
WEST PALM BEACH, FL 33411**



01212005 No Chg-P CR2E034 (10/03)

**4. FEI Number
65-1175529**

**Applied For
Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HATHAWAY, FRAN
2694 IRMA LAKE DRIVE
WEST PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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 ratemaking)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HATHAWAY, H. R. <i>I</i>
STREET ADDRESS	2694 IRMA LAKE DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	S
NAME	EISSEY, WENDY <i>G</i>
STREET ADDRESS	725 LABOON DR.
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	PRESIDENT
NAME	FRAN HATHAWAY
STREET ADDRESS	2694 IRMA LAKE DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Fran Hathaway* FRANK HATHAWAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-05 616-0710