


FILED
Mar 24, 2005 8:00 am
Secretary of State

02-28-2005 90223 046 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000022506 1. Entity Name THE EXHIBITS TO LIFE COMPANY	
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Principal Place of Business 1479 KEMPTON CHASE PARKWAY ORLANDO, FL 32837	Mailing Address 1479 KEMPTON CHASE PARKWAY ORLANDO, FL 32837
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DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2098213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORANNO, THOMAS J
1479 KEMPTON CHASE PARKWAY
ORLANDO, FL 32837

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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  DATE 2/11/05
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when retaining)

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 NAME STREET ADDRESS CITY-ST-ZIP	P SORANNO, THOMAS J 1479 KEMPTON CHASE PARKWAY ORLANDO, FL 32837
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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:  THOMAS J Soranno 3/17/05 321-947-6474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #