

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90737 021 ***150.00

DOCUMENT # P03000025287

1. Entity Name

HELPING IMPROVE LIFESTYLES INC



Principal Place of Business

5886 CARTIER ROAD
WEST PALM BEACH FL 33409

Mailing Address

P.O. BOX 9
LOXAHATCHEE FL 33470

66420703



MOORE CR2E034 (11/03)

2. Principal Place of Business

6144 188 TRAIL N

Suite, Apt. #, etc.

LOXAHATCHEE FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1134997

Applied For

Not Applicable

Zip

33470

Country

PAIM Beach

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, RICKY E
5886 CARTIER ROAD
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

ONBAI RICKY E

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

6144 188 TRAIL N

LOXAHATCHEE FL 33470

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

Ricky E O'Neal

RICK ONBAI

4-17-2004

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	O'NEAL, RICKY E	
STREET ADDRESS	5886 CARTIER ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	P	<input type="checkbox"/> Delete
NAME	ONBAI RICKY E	
STREET ADDRESS	6144 188 TRAIL N.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ricky E O'Neal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2004

Date

561 662-3373

Daytime Phone #