

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90006 022 ***150.00

DOCUMENT # P03000030026

1. Entity Name
LIFE STYLE MESSAGE INC.



Principal Place of Business
6697 SE YORKTOWN DR.
HOBE SOUND, FL 33455

Mailing Address
6697 SE YORKTOWN DR.
HOBE SOUND, FL 33455

20006698



2. Principal Place of Business

8965 SE Bridge Rd
Suite, Apt. #, etc.
Suite 201
City & State
Hobe Sound, FL
Zip
33455
Country
Martin

3. Mailing Address

8965 SE Bridge Rd
Suite, Apt. #, etc.
201
City & State
Hobe Sound, FL
Zip
33455
Country
Martin

02072006 Chg-P CR2E034 (11/05)

4. FEI Number
55-0824998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BREGMAN, SOCORRO
6697 SE YORKTOWN DR.
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent

Name
EILEEN ERICKSON

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

985 SW Harvard Rd
Port St Lucie

City

FL Zip Code
34953

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 *Eileen Erickson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *2/8/06*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
DVS
BREGMAN, SOCORRO
STREET ADDRESS
6697 SE YORKTOWN DR.
CITY-ST-ZIP
HOBE SOUND, FL 33455 ☒ Delete

TITLE
NAME
DPT
BREGMAN, HAROLD
STREET ADDRESS
6697 SE YORKTOWN DR.
CITY-ST-ZIP
HOBE SOUND, FL 33455 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
Vice President
EILEEN ERICKSON
STREET ADDRESS
985 SW HARVARD RD
CITY-ST-ZIP
PORT ST LUCIE, FL 34953 ☐ Change ☐ Addition

TITLE
NAME
President
LINDA S. ENOCH
STREET ADDRESS
1801 MIDDLETON WAY
CITY-ST-ZIP
W. PALM BEACH, FL 33409 ☐ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 *Eileen Erickson* *EILEEN ERICKSON* *2/8/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #