


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90298 025 \*\*\*158.75

<b>DOCUMENT # P03000097690</b> 1. Entity Name <b>LIFESTYLES HOME REMODELING &amp; REPAIRS INC.</b>					
Principal Place of Business <b>436 SHAMROCK BLVD VENICE, FL 34293</b>			Mailing Address <b>P O BOX 1112 VENICE, FL 34284</b>		
2. Principal Place of Business <b>Lifestyle Homes</b> Suite, Apt. #, etc. <b>9145 SE 151 Ln Rd #2</b>			3. Mailing Address <b>Greg Alford</b> Suite, Apt. #, etc. <b>7540 SE 112 Ln</b>		
City & State <b>Summerfield FL</b>			City & State <b>Bellview FL</b>		
Zip <b>34491</b>		Country <b>marion</b>		Zip <b>34420</b>	
Country <b>marion</b>		4. FEI Number <b>20-0482436</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ALFORD, GREGORY C 436 SHAMROCK BLVD VENICE, FL 34293</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFORD, GREGORY C 436 SHAMROCK BLVD VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 7540 SE 112 Ln Bellview FL 34420
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 authority like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>5-3-06</b> Daytime Phone #		