


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90066 024 ***150.00

DOCUMENT # P03000107703 1. Entity Name LIVING MAGAZINES OF CENTRAL FLORIDA, INC.			
Principal Place of Business 1809 E BROADWAY ST STE 321 OVIDEO, FL 32776		Mailing Address 1809 E BROADWAY ST STE 321 OVIDEO, FL 32776	
2. Principal Place of Business 159 N. Central Ave Suite, Apt. #, etc. Suite I		3. Mailing Address 159 N. Central Ave Suite, Apt. #, etc. Suite	
City & State Oviedo, Florida		City & State Oviedo, FL	
Zip 32765		Zip 32765	
Country USA		Country USA	
4. FEI Number 20-0252208		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUEGER, SCOTT D 2750 NW 43RD ST STE 201 GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME EVANS, MELISSA J	TITLE P/D/T	NAME Evans, Melissa J
STREET ADDRESS 1844 SUNNYDALE CT	CITY-ST-ZIP OVIDEO, FL 32765	STREET ADDRESS 1844 Sunningdale Ct.	CITY-ST-ZIP Oviedo, FL 32765
TITLE 	NAME 	TITLE V/S	NAME Kidd Olinka
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 653 Buckingham Dr.	CITY-ST-ZIP Oviedo, FL 32765
TITLE 	NAME 	TITLE Officer	NAME Watt, Karen
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 4408 Red Pepper Loop	CITY-ST-ZIP Chuluota, FL 32766
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 the empowered.		SIGNATURE: Melissa J. Evans 4-14-04 (407) 365-6100	