

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90316 030 ***150.00

DOCUMENT # P03000109131

1. Entity Name
LIFESTYLES FOR WOMEN, INC.



Principal Place of Business
**1011 E NORVELL BRYANT HWY
HERNANDO, FL 34442**

Mailing Address
**1011 E NORVELL BRYANT HWY
HERNANDO, FL 34442**

2. Principal Place of Business
328 S. Kensington Ave.
Suite, Apt. #, etc.

3. Mailing Address
328 S. Kensington Ave.
Suite, Apt. #, etc.

City & State
Lecanto, FL

City & State
Lecanto, FL

02212006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0494974

Applied For
Not Applicable

Zip
34461

Country
USA

Zip
34461

Country
USA

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

6. Name and Address of Current Registered Agent

**REDING, BARBARA K
1011 E NORVELL BRYANT HWY
HERNANDO, FL 34442**

7. Name and Address of New Registered Agent

Name

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

328 Kensington Ave.

City **Lecanto, FL**

Zip Code **FL 34461**

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

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, 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 **D** ☐ Delete
NAME **REDING, BARBARA K**
STREET ADDRESS **1011 E NORVELL BRYANT HWY**
CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **328 S Kensington Ave.**
CITY-ST-ZIP **Lecanto, FL 34461**

TITLE ☐ Change ☐ Addition
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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:

Barbara K. Reding **Barbara K. Reding** 04/04/06 352-344-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #