


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000109920	
1. Entity Name FLORIDA LIFESTYLES REALTY, INC	

Principal Place of Business 2100 DR. MARTIN LUTHER KING JR ST. NO ST. PETERSBURG, FL 33704	Mailing Address 737 19TH AVENUE NO ST. PETERSBURG, FL 33704
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04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2041834	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELKINS, WILLIE R JR 737 19TH AVENUE NO ST. PETERSBURG, FL 33704
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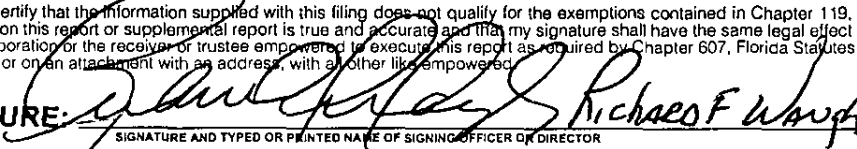
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000923253 05/16/08-80024-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELKINS, WILLIE R JR 737 19TH AVENUE NO ST. PETERBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAUGH, RICHARD F 737 19TH AVENUE NO ST. PETERSBURG, FL 33704
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/22/08 Daytime Phone #: 727-525-5601