

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115689

FILED  
Sep 29, 2004  
Secretary of State

**Entity Name:** GET A LIFE RESOURCES LIMITED, INC.

**Current Principal Place of Business:**

P O BOX 9076  
NAPLES, FL 341069076

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9076  
NAPLES, FL 341069076

**New Mailing Address:**

**FEI Number:** 20-1682987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORAN, DAVID M  
4762 CAPRI DRIVE  
NAPLES, FL 341032509 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZBOYA, STEPHEN  
Address: P O BOX 9076  
City-St-Zip: NAPLES, FL 341069076

Title: STD ( ) Delete  
Name: SALMON, CHARLES  
Address: P O BOX 9076  
City-St-Zip: NAPLES, FL 341069076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHARLES SALMON

STD

09/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date