


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000120987**  
 1. Entity Name  
**CITI LIFE FINANCIAL, INC.**



Principal Place of Business      Mailing Address  
**204 BCH DR. NE**      **PO BOX 530703**  
**ST. PETERSBURG, FL 33701**      **SAINT PETERSBURG, FL 33747**

**DO NOT WRITE IN THIS SPACE**



01192005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**20-0345202**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOWER, GEORGE**  
**204 BEACH DR. N.E.**  
**ST. PETERSBURG, FL 33701**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOWER, GEORGE
STREET ADDRESS	204 BCH DR. NE
CITY - ST - ZIP	ST. PETERSBURG, FL 33701
TITLE	STD
NAME	JENKINS, DON
STREET ADDRESS	204 BCH DR. NE
CITY - ST - ZIP	ST. PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/27/05-80047-003 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George O. Gower    **George O. Gower**    1/18/05 72784566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #