2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90035 039 ***150.00

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DOCUMENT # P03000126790

1. Entity Name
RIGHT LIVELIHOOD, INC.

Principal Place of Business
~~1245 GRAY CT~~
~~EUSTIS, FL 32726~~

Mailing Address
~~1245 GRAY CT~~
~~EUSTIS, FL 32726~~

02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5917 MANATEE AVE. W.	7612 25th AVENUE WEST
Suite, Apt. #, etc. SUITE 505	Suite, Apt. #, etc.
City & State BRADENTON, FL.	City & State BRADENTON, FL.
Zip 34209 Country MANATEE	Zip 34209 Country MANATEE

4. FEI Number 56-2419370 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~WEBSTER, EVELYN~~
~~1245 GRAY CT~~
~~EUSTIS, FL 32726~~

G. MARSHALL WEBSTER
7612 25th AVENUE WEST
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

Name G. MARSHALL WEBSTER
Street Address (P.O. Box Number is Not Acceptable) 7612 25th AVENUE WEST
City BRADENTON, FL Zip Code 34209

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] X 4/5/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, G M 1245 GRAY CT EUSTIS, FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERLACHE, LISA 1245 GRAY CT EUSTIS, FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: X G. MARSHALL WEBSTER X 4/5/04 941-792-8375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #