

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141447

Entity Name: STSLIFE, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

9009 SEMINOLE BLVD  
SEMINOLE, FL 33772

## New Principal Place of Business:

## Current Mailing Address:

9009 SEMINOLE BLVD  
SEMINOLE, FL 33772

## New Mailing Address:

FEI Number: 20-0466136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIGGINBOTHAM, STEVE  
9009 SEMINOLE BLVD  
SEMINOLE, FL 33772 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TIETZ, SCOTT  
Address: 2080 SOUTH E. ST # 200  
City-St-Zip: SAN BERNARDINO, CA 92408

Title: VP ( ) Delete  
Name: HIGGINBOTHAM, STEPHEN H  
Address: 11599 48TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33708

Title: VP ( ) Delete  
Name: PASHBY, MATTHEW  
Address: 16610 DALLAS PKWY., #1500  
City-St-Zip: DALLAS, TX 75248

Title: VP ( ) Delete  
Name: POPE, BRIAN  
Address: 6939 SUNRISE BLVD., #107  
City-St-Zip: CITRUS HEIGHTS, CA 95610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: STEPHEN HIGGINBOTHAM

VP

03/23/2009

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

\_\_\_\_\_  
Date