

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000045356

1. Entity Name
LIFE STYLE RHYTHM, INC.



Principal Place of Business
448 LIGHTHOUSE LANDING ST
SATELLITE BEACH, FL 32937

Mailing Address
448 LIGHTHOUSE LANDING ST
SATELLITE BEACH, FL 32937



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
56-2447458
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSINA, RHONDA
448 LIGHTHOUSE LANDING ST
SATELLITE BEACH, FL 32937

**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 _____

I, the undersigned, being a resident qualified person, do hereby certify that I am a duly registered agent for the above named entity, and that I am familiar with the business and activities of the entity.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PRES
MESSINA, RHONDA
448 LIGHTHOUSE LANDING ST
SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
T
MESSINA, CARL
448 LIGHTHOUSE LANDING ST
SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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03/21/06-80072-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 included 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 a power of attorney.

SIGNATURE: Rhonda Messina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-06