

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90048 049 ***150.00

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DOCUMENT # P04000062546 1. Entity Name LIFESTYLE HOME PRODUCTS, INC.			
Principal Place of Business 14865 HIDDEN OAK CIR CLEARWATER, FL 33764		Mailing Address 14865 HIDDEN OAK CIR CLEARWATER, FL 33764	
2. Principal Place of Business 26501 S. Tamiami Trail Suite, Apt. #, etc.		3. Mailing Address 26501 S. Tamiami Trail Suite, Apt. #, etc.	
City & State Bonita Springs FL Zip 34135		City & State Bonita Springs FL Zip 34135	
Country USA		Country USA	
4. FEI Number 20-1000596		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FENN-MILES 14865 HIDDEN OAK CIR CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name Michael Thomas Fenn Street Address (P.O. Box Number is Not Acceptable) 26501 S. Tamiami Trail City Bonita Springs FL Zip Code 34135	
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: <u><i>Michael Thomas Fenn</i></u> (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P FENN, MILES 14865 HIDDEN OAK CIR CLEARWATER, FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fenn, Miles 23690 Merano Ct. #101 Bonita Springs FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FENN, MICHAEL THOMAS 3287 SCRUGGS RD MONETAATER, VA 24121	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fenn, Michael Thomas 23690 Merano Ct. #101 Bonita Springs FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FENN, O W JR 510 EMERYWOOD DR HIGH POINT, NC 27262	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <u><i>Michael Thomas Fenn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3-5-05 Daytime Phone #: 239-390-2222	