


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000113566 1. Entity Name FLORIDA LIFESTYLE HOMES, INC	
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FILED
05 AUG 23 AM 10: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-29-05 90260 012 \$150.00



Principal Place of Business 1 HARGROVE GRADE 1B PALM COAST, FL 32137 US	Mailing Address 1 HARGROVE GRADE 1B PALM COAST, FL 32137 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

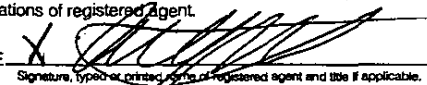
-04122005 Chg-P CR2E034 (10/03)

4. FEI Number 20-3123919	Applied For
	<input type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent WEBER, ALFRED J 1 HARGROVE GRADE 1B PALM COAST, FL 32137	7. Name and Address of New Registered Agent Name Weber ALFRED R JR Street Address (P.O. Box Number is Not Acceptable) 1 HARGROVE GRADE Suite 1B City PALM COAST FL Zip Code 32137
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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:  DATE: _____

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D WEBER, ALFRED R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 HARGROVE GRADE STE 1A	NAME	
STREET ADDRESS	PALM COAST, FL 32137	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WEBER, PATRICK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 HARGROVE GRADE	NAME	
STREET ADDRESS	PALM COAST, FL 32137	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVP WEBER, ALFRED R JR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 HARGROVE GRADE STE 1A	NAME	
STREET ADDRESS	PALM COAST, FL 32137	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR