

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90421 001 ***150.00

DOCUMENT # P04000113566			
1. Entity Name FLORIDA LIFESTYLE HOMES, INC			
Principal Place of Business 1 HARGROVE GRADE 1B PALM COAST, FL 32137 US		Mailing Address 1 HARGROVE GRADE 1B PALM COAST, FL 32137 US	
2. Principal Place of Business <i>1440 N. NOVA Rd</i>		3. Mailing Address <i>1440 N. NOVA Rd Ste 305</i>	
Suff. Apt. #, etc. <i>STE 305</i>		Suff. Apt. #, etc. <i>STE 305</i>	
City & State <i>Holly Hill, FL</i>		City & State <i>Holly Hill, FL</i>	
Zip <i>32119</i>	Country <i>USA</i>	Zip <i>32117</i>	Country <i>USA</i>
4. FEI Number 20-3123919		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 WEBER, ALFRED R JR 1 HARGROVE GRADE 1B PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name: <i>Weber, Alfred R Jr</i> Street Address (P.O. Box Number is Not Applicable) <i>1440 N. NOVA Rd Ste 305</i> City: <i>Holly Hill, FL</i> Zip Code: <i>32117</i>	
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>Alfred R Weber Jr DVP</i> DATE: <i>4-30-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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: D <input type="checkbox"/> Delete	NAME: WEBER, ALFRED R	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>Weber Alfred R</i>
STREET ADDRESS: 1 HARGROVE GRADE STE 1A	CITY-ST-ZIP: PALM COAST, FL 32137	STREET ADDRESS: <i>1440 N. NOVA Rd Ste 305</i>	CITY-ST-ZIP: <i>Holly Hill, FL 32119</i>
TITLE: D <input type="checkbox"/> Delete	NAME: WEBER, PATRICK	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>Weber Patrick</i>
STREET ADDRESS: 1 HARGROVE GRADE	CITY-ST-ZIP: PALM COAST, FL 32137	STREET ADDRESS: <i>1440 N. NOVA Rd Ste 305</i>	CITY-ST-ZIP: <i>Holly Hill, FL 32117</i>
TITLE: DVP <input type="checkbox"/> Delete	NAME: WEBER, ALFRED R JR	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>Weber Alfred R Jr</i>
STREET ADDRESS: 1 HARGROVE GRADE STE 1A	CITY-ST-ZIP: PALM COAST, FL 32137	STREET ADDRESS: <i>1440 N. NOVA Rd Ste 305</i>	CITY-ST-ZIP: <i>Holly Hill, FL 32117</i>
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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 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: <i>Alfred R Weber Jr DVP</i>		Date: <i>4/30/06</i> Daytime Phone #: <i>386-255-0889</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	