

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P04000113566

1. Entity Name
 FLORIDA LIFESTYLE HOMES, INC



Principal Place of Business
 1440N. NOVA ROAD
 SUITE 305
 HOLLY HILL, FL 32117 US

Mailing Address
 1440N. NOVA ROAD
 SUITE 305
 HOLLY HILL, FL 32117 US



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3123919	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEBER, ALFRED R JR
 1440 N. NOVA ROAD
 SUITE 305
 HOLLY HILL, FL 32117

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D WEBER, ALFRED R 1440 N.NOVA ROAD SUITE 305 HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, PATRICK 1440 N.NOVA ROAD SUITE 305 HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEBER, ALFRED R JR 1440 N.NOVA ROAD SUITE 305 HOLLY HILL, FL 32117
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 05/18/07-80051-005 150.00

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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: _____ Date: 4/30/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR