FEB-9-2005 17:02 FROM:ANNE G HODGES, CPA (352)498-0723

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Secretary of State
05-02-2005 90492 002 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000159300

1. Entity Name
LIFE LONG LAND, INC.

Principal Place of Business	Mailing Address
4959 SE 80TH AVE BELL, FL 32619	4959 SE 80TH AVE BELL, FL 32619

02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4959 SW 80th Av	4959 SW 80th Av
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bell FL	City & State: Bell FL
Zip: 32619 Country: US	Zip: 32619 Country: US

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENTRY, MITCHELL H
4959 SE 80TH AVE
BELL, FL 32619

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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 ______________________
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. ☐ **$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	D GENTRY, MITCHELL H 4959 SE 80TH AVE BELL, FL 32619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTRY, TERESA L 4959 SE 80TH AVE BELL, FL 32619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Mitchell H Gentry 04/12/05 (352) 463-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #