

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90361 048 ***150.00

DOCUMENT # P05000038317

1. Entity Name
LIFE CONSULTING INC.



Principal Place of Business
**3336 C.R. 470
OKAHUMPKA, FL 34762 US**

Mailing Address
**3336 C.R. 470
OKAHUMPKA, FL 34762 US**

40050421



2. Principal Place of Business

3. Mailing Address

P.O. Box 552

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122006

Chg-P

CR2E034 (11/05)

City & State

City & State

OKAHUMPKA, FL

4. FEI Number

202487700

Applied For

Not Applicable

Zip

Country

Zip

34762

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, ROLAND
3336 C.R. 470
OKAHUMPKA, FL 34762**

Name

LEWIS, Linda

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

3336 C.R. 470

City

OKAHUMPKA

FL

Zip Code

34762

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

Roland Lewis

Linda Lewis, President 4/12/06

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, 2006 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
**P D
LEWIS, ROLAND
P.O. BOX 552
OKAHUMPKA, FL 34762** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
LEWIS, Linda
P.O. Box 552
OKAHUMPKA, FL 34762** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP D
LEWIS, LINDA
3336 C.R. 470
OKAHUMPKA, FL 34762** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
LEWIS, ROLAND
P.O. Box 552
OKAHUMPKA, FL 34762** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S T
LEWIS, REBEKAH
3336 C.R. 470
OKAHUMPKA, FL 34762** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
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TITLE
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CITY - ST - ZIP
 ☐ Change ☐ Addition

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:

Roland Lewis, Linda Lewis, President 352-728-5830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #