

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000067443

1. Entity Name
MY LIFE CHOICE, INC.



FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90001 002 ***158.75

Principal Place of Business
**8609 30TH STREET E
PARRISH, FL 34219**

Mailing Address
**8609 30TH STREET E
PARRISH, FL 34219**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09102007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-2968246

Applied For
Not Applicable

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

MCKEEFROY, MARLENE E (spelling)
**8604 30TH STREET E
9PARRISH, FL 34219**

Name **McKEEFREY, MARLENE E**
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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MCKEEFREY, MARLENE E**
CITY-ST-ZIP **8609 30TH STREET E
PARRISH, FL 34219**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **CIPRIANI, GLORIA**
CITY-ST-ZIP **125 OLIVER AVE
FREEDOM, PA 15042**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MCKEEFROY, JAMES**
CITY-ST-ZIP **8609 30TH STREET EAST
PARRISH, FL 34219**

TITLE ☐ Change ☐ Addition
NAME **McKEEFREY, James**
STREET ADDRESS (spelling)
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KENT, JOYCE**
CITY-ST-ZIP **2709 12 PLACE EAST
PARRISH, FL 34219**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/07

Date

941-776-3179

Daytime Phone #