

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 033 ***150.00

DOCUMENT # P05000096453

1. Entity Name

LIFE-STYLE HOMES OF AMERICA, INC.



Principal Place of Business

10 DOWNING DRIVE
PORT ORANGE FL 32129

Mailing Address

10 DOWNING DRIVE
PORT ORANGE FL 32129



2. Principal Place of Business

119 So. Palmetto Ave. Suite 163

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Daytona Beach, FL

Suite, Apt. #, etc.

City & State

City & State

Zip
32114

Country
Volusia

Zip

Country

4. FEI Number

51-0549032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI FL 33145

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
DPT
FORRESTER, E. STEWART
10 DOWNING DRIVE
PORT ORANGE FL 32129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
JOHNSON, SHIRLEY
10 DOWNING DRIVE
PORT ORANGE FL 32129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

E. Stewart Forrester
E. STEWART FORRESTER

1-18-06

386-226-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #