2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000018952

1. Entity Name LIFESTYLE FLORIDA REALTY, INC.



Jan 24, 2008 8:00 am Secretary of State

01-24-2008 90045 036 ***150.00

1-10-09

FILED

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14421 METROPOLIS AVENUE STE 101		Mailing Address 14421 METROPOLIS AVENUE STE 101 FORT MYERS, FL 33912		
2. Principal Place of Business - No P.O., Box # 3. Mailing Address Welvo			tropolis/	4-
		Suite, Apt. #, etc.	b 101	01092008 Chg-P CR2E034 (12/06)
City & State	myers, FL	City & State Fort	yers, fc	4. FEI Number Applied For 20-4280443 Not Applicable
3391	Country	Zip33912	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent
THOMPSON, KEVIN M 14421 METROPOLIS AVENUE STE 101 FORT MYERS, FL 33912 City				ess (P.O. Box Number is Not Acceptable) (c. 10) 1
R. The above	named entity submits this statement for	the purpose of changing its	10	ref Myers FL Zincode 339/2
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: (Note: Registered Agent signature required when reinstating) OATE				
FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DPS THOMPSON, KEVIN M 14421 METROPOLIS AVENUE S FORT MYERS, FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4311 Metropolis Al Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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.				

Kevi M Transon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR