

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P37110</b>	
1. Entity Name <b>GOOD LIFE RESORTS, INC.</b>	



Principal Place of Business <b>180 SOUTH BROADWAY BARTOW, FL 33830</b>	Mailing Address <b>180 SOUTH BROADWAY BARTOW, FL 33830</b>
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01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>86-0672931</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>JEFFRIES, WILLIE MAY 180 SOUTH BROADWAY BARTOW, FL 33830</b>	
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**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000078165  
03/08/04-80016-021 150.00**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP KILBOURNE, ROBERT 6815 HWY 60 E BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVC EDGLEY, LEROY 6815 HWY 60 E BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EDGLEY, LEROY 6815 HWY 60 E BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EDGLEY, JACQUELINE 6815 HWY 60 E BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KILBOURNE, MELBA 6815 HWY 60 E BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHN EDGLEY 5056 N 83RD STREET SCOTTSDALE, AZ

**DO NOT WRITE  
IN THIS SPACE**

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:**

*John E. Edgley VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #