


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P37110 1. Entity Name GOOD LIFE RESORTS, INC. |  |
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| Principal Place of Business 180 SOUTH BROADWAY BARTOW, FL 33830 | Mailing Address 180 SOUTH BROADWAY BARTOW, FL 33830 |
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

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

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent JEFFRIES, WILLIE MAY 180 SOUTH BROADWAY BARTOW, FL 33830 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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 | VP EDGLEY, JACQUINE 6815 HWY 60 EAST MULBERRY, FL 33860 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S EDGLEY, JACQUELINE 6815 HWY 60 E BARTOW, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHN EDGLEY 5056 N 83RD STREET SCOTTSDALE, AZ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRADY, KENDRA R 6815 HWY 60 E BARTOW, FL 33830 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/30/07-80057-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

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|--|------------|-----------------------|
| SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date _____ | Daytime Phone # _____ |
|--|------------|-----------------------|