


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P37110</b> 1. Entity Name <b>GOOD LIFE RESORTS, INC.</b>	
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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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**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-P CR2E034 (11/05)

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</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JEFFRIES, WILLIE MAY  
180 SOUTH BROADWAY  
BARTOW, FL 33830**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	

000000730079  
01/23/08-80020-011 150.00

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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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-4-08**  
Date Daytime Phone #