2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000088405

1. Entity Name
STAFF OF LIFE, INC.

Principal Place of Business	Mailing Address
123 N. PARTIN DR. NICEVILLE, FL 32578 US	123 N. PARTIN DR. NICEVILLE, FL 32578 US

02142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3344116
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CECIL, SANDRA L
624 FOREMAN RD
DEFUNIAK SPRINGS, FL 32433

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000117691
04/19/04-80029-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CECIL, JOHN H
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	ST
NAME	CECIL, SANDRA L
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	V
NAME	MCMILLAN, BELINDA C
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	DC
NAME	CECIL, JOHN H.
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	D
NAME	CECIL, SANDRA L.
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	VP
NAME	MCMILLAN, BELINDA C
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435

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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: Sandra L Cecil Sandra L Cecil 4/14/04 850-862-3081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #