


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90016 023 ***158.75

DOCUMENT # P97000053601

1. Entity Name
LIFE SKILLS ASSOCIATES, INC.



Principal Place of Business Mailing Address

924 NORTH MAGNOLIA, SUITE 317 **924 NORTH MAGNOLIA, SUITE 317**
ORLANDO, FL 32803 **ORLANDO, FL 32803**

44011128



2. Principal Place of Business 3. Mailing Address

924 N MAGNOLIA AVE **924 N MAGNOLIA AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 317 **STE 317**

01212004 Chg-P CR2E034 (10/03)

City & State City & State

ORLANDO FL **ORLANDO FL**

Zip Country Zip Country

32803 **ORANGE** **32803** **ORANGE**

4. FEI Number Applied For

59-3449165 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LARMOND, LEONIE D
924 NORTH MAGNOLIA, SUITE 317
ORLANDO, FL 32803

Name **LEONIE D LARMOND**

Street Address (P.O. Box Number is Not Acceptable)
924 N Magnolia Ave STE 317

City State Zip Code

ORLANDO **FL** **32803**

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 _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARMOND, LEONIE D	NAME	LEONIE D LARMOND
STREET ADDRESS	924 NORTH MAGNOLIA, SUITE 317	STREET ADDRESS	924 N MAGNOLIA AVE, STE 317
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Leonie D Larmond **PRESIDENT** Date: **01/21/04** Daytime Phone #: **407-643-1455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONIE LARMOND

Attachment

#P97000053601

Life Skills Associates, Inc.

924 N. Magnolia Ave
Suite 317
Orlando, Florida 32803

440001128

Phone (407) 843-1455

Fax (407) 843-1456

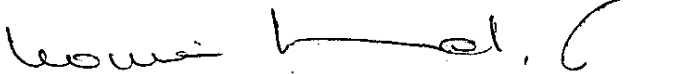
1/28/04

Florida Department of State
Divisions of Corporation
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To whom it may concern:

The information preprinted on the annual report is basically correct. The reason for the changes is that 'avenue' was left out on the address. I called and was informed to correct it on the form.

Sincerely,



Leonie Larmond, LCSW
President

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