

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055291

FILED
Apr 29, 2004
Secretary of State

Entity Name: QUALITY OF LIFE COACHING SERVICES, INC.

Current Principal Place of Business:

3941 NORTH SHELL ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

3941 NORTH SHELL ROAD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 65-0768082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAULERE, ALAIN P
3941 N SHELL RD
SARASOTA, FL 34242

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAULERE, BONNIE
Address: 3941 N SHELL RD
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: SCHMAGNER, MARY
Address: 2491 8TH ST #77
City-St-Zip: SARASOTA, FL 34237

Title: VPD () Delete
Name: FERGUSON, ROBERT
Address: 103 MILL ROCK COURT
City-St-Zip: CARRBORO, NC 27510

Title: T () Delete
Name: DAHMEN, PEARL
Address: 4654 FLATBUSH AVENUE
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: TREZISE, ELIZABETH
Address: 416 WINDSWEPT DRIVE
City-St-Zip: ASHEVILLE, NC 28801

Title: VP (X) Delete
Name: KRISTEN, NICHOLS
Address: 121 HOLLY AVE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PRADE, ELIZABETH
Address: 4619 HIGEL AVE
City-St-Zip: SARASOTA, F 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE TAULERE

PD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date