

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040822

FILED
Jul 05, 2004
Secretary of State

Entity Name: LIFE LONG BOWLING PRODUCTS INC.

Current Principal Place of Business:

6740 TOWER DR.
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

6740 TOWER DR
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 59-3514525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSETTA, CASSANDRA
5041 LOFTON DRIVE
NEW PORT RICHEY, FL 34652

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASSETTA, CASSANDRA
Address: 5041 LOFTON DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: LANZETTA, VINCENT JR.
Address: 5041 LOFTON DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: WALL, SEAN D
Address: 1414 GERARD LANE
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WALL, SEAN D
Address: 5105 MOOG RD
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CASSANDRA CASSETTA

D

07/05/2004

Electronic Signature of Signing Officer or Director

Date