

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072238

FILED
Jan 24, 2004
Secretary of State

Entity Name: LIFESTYLE CHOICE REALTY, INC.

Current Principal Place of Business:

1498 WAUKON CIRCLE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

2379 ERSOFF BLVD. NE
PALM BAY, FL 32905 US

Current Mailing Address:

1498 WAUKON CIRCLE
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-3526792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORP, WILLIAM R
333 S. TAMiami TRAIL SUITE 199
VENICE, FL 34285 US

Name and Address of New Registered Agent:

KORP, WILLIAM R
240 SOUTH PINEAPPLE AVENUE
SARASOTA, FL 34236 US

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:

01/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARMAN, WILLIAM D
Address: 1498 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: GORMAN, DEBORAH A
Address: 1498 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: KORP, KATE P
Address: 1208 N. CASEY KEY
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: KORP, WILLIAM
Address: 1208 N. CASEY KEY
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GORMAN, WILLIAM D
Address: 1498 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

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

Title: TD (X) Change () Addition
Name: KORP, KATE P
Address: 765 TYLER DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change () Addition
Name: KORP, WILLIAM
Address: 765 TYLER DRIVE
City-St-Zip: SARASOTA, FL 34236

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: WILLIAM D. GORMAN

PRES

01/24/2004

Electronic Signature of Signing Officer or Director

Date