

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # S56031

1. Entity Name
LIFE MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**2262 GULF GATE DRIVE
SARASOTA, FL 34231 US**

Mailing Address
**2262 GULF GATE DRIVE
SARASOTA, FL 34231 US**



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0262714

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KENNETH F. KANDEFER CPA
2262 GULF GATE DRIVE
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature of the individual registered agent or the authorized officer of the corporation.

(NOTE: Registered agent's name and address should be typed.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BOGOLEA, BARBARA
STREET ADDRESS	2262 GULF GATE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000275247
03/24/05-80042-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 9.0(3)(f), 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 member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block "D" or Block "F" if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Bogolea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 (941) 921-3221