2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2005 08:00 AM DOCUMENT # V61857 **Secretary of State** 1. Entity Name LIVELY PROPERTIES, INC. Principal Place of Business Mailing Address 201 COUNTY RD. 201 COUNTY RD. BIG PINE KEY FL 33043 BIG PINE KEY FL 33043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 65-0358113 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIVELY, ALTON J. Street Address (P O. Box Number is Not Acceptable) 201 COUNTY ROAD BIG PINE KEY FL 33043 City Zip Code 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. THILE ☐ Delete Change U00000269220 LIVELY, ALTON J. NAME 03/19/05-80002-016 150.00 201 COUNTY RD. STREET ADDRESS STREET ADDRESS BIG PINE KEY FL 33043 CITY-ST-ZIP CITY ST-702 TITLE ☐ Delete HILL Change ☐ Addition LIVELY, BETTY J. NAME NAME STREET ADDRESS 201 COUNTY RD. STREET ADDRESS CITY-ST-ZIP BIG PINE KEY FL 33043 CHTY-ST-7IP Change ☐ Delete ☐ Addition DHE Idit LIVELY, DAVID NAME NAME DIRECT ADDRESS STREET ADDRESS 201 COUNTY RD. CITY-ST-ZIP BIG PINE KEY FL COTY-ST-ZIP STD ☐ Delete TITLE ☐ Change Addition WOLFE, KAREN NAME NAME 201 COUNTY RD. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP BIG PINE KEY FL 33043 CITY-ST-78 Change ☐ Addition TITLE ☐ Delete 11111 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition me Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-St-ZP

12. I hereby certify that the information supplied with this filling 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

of the corporation or the received

SIGNATURE

ver or trustee empowered to exe t with an address, with all other

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