

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740025

FILED
Apr 13, 2005
Secretary of State

Entity Name: LOOK AND LIVE, INC.

Current Principal Place of Business:

124 WEST ASHLEY ST
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

124 WEST ASHLEY ST
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-1762209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAIN, WILLIAM R.
2 PRUDENTIAL PLAZA
SUITE 1710
JACKSONVILLE, FL 32207 US

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITTAKER, E. H.,
Address: 1300 S. FIRST STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete
Name: SOUD, A.C.
Address: 3738 RIVER HALL DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD () Delete
Name: SWAIN, W.R.,
Address: 3713 TIMUCUA TRAIL
City-St-Zip: JACKSONVILLE, FL 322772251

Title: TD () Delete
Name: BLOUNT, JOHN O.,
Address: 6264 RIVIERA LANE
City-St-Zip: JACKSONVILLE, FL 322162532

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WHITTAKER, E.H.

PD

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date