

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L68905

**Entity Name:** LIFETIME ENCLOSURES, INC.

**Current Principal Place of Business:**

5521 CHRONICLE CT.  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

5521 CHRONICLE CT.  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-3006050

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ELEFANT, FRED  
1650 PRUDENTIAL DRIVE  
SUITE 105  
JACKSONVILLE, FL 32207 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BRIAR, JEFFREY A.  
Address 739 SPRING HAVEN DR.  
City-State-Zip: JACKSONVILLE FL 32259

Title VP  
Name BRIAR, JAMES P.  
Address 1428 GREYFIELD DR.  
City-State-Zip: ST. AUGUSTINE FL 32092

*I hereby 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 all other like empowered.*

**SIGNATURE:** JEFFREY A. BRIAR

**PRESIDENT**

**04/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date