


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004858 1. Entity Name LIFE CYCLE ENGINEERING, INC.	
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Principal Place of Business 1701-2 MAYPORT ROAD ATLANTIC BEACH, FL 32233	Mailing Address 1701-2 MAYPORT ROAD ATLANTIC BEACH, FL 32233
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 57-0649372	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MESSING, WILLIAM 1701-2 MAYPORT ROAD ATLANTIC BEACH, FL 32233	DO NOT WRITE IN THIS SPACE
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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 file if applicable (NOTE: Registered Agent signature required when registration) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000087151 03/12/04-80052-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO FEI, JAMES R 4360 CORPORATE ROAD CHARLESTON, SC 29405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNLEY, GEORGE C 4360 CORPORATE ROAD CHARLESTON, SC 29405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, MICHAEL E 4360 CORPORATE ROAD CHARLESTON, SC 29405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEAPE, STEPHEN R 4360 CORPORATE ROAD CHARLESTON, SC 29405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **03/08/04 843-744-7110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #