



Companies House

AR01 (ef)

Annual Return



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Company Name: **LIFESTYLE PHARMACY LIMITED**

Company Number: **03369742**

Date of this return: **26/04/2016**

SIC codes: **47730**
47750

Company Type: **Private company limited by shares**

Situation of Registered Office: **8 JESU STREET**
OTTERY ST. MARY
DEVON
ENGLAND
EX11 1EU

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MRS CLAIRE LISA**

Surname: **KEY**

Former names:

Service Address: **5 SCHOOL ROW
LLANFRYNACH
BRECON
POWYS
WALES
LD3 7AZ**

Company Director **1**

Type: **Person**

Full forename(s): **MRS CLAIRE LISA**

Surname: **KEY**

Former names:

Service Address: **5 SCHOOL ROW
LLANFRYNACH
BRECON
POWYS
WALES
LD3 7AZ**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/01/1979** *Nationality:* **BRITISH**

Occupation: **GENERAL MANAGER**

Company Director **2**

Type: **Person**

Full forename(s): **MR JOHN GEOFFREY**

Surname: **KEY**

Former names:

Service Address: **5 SCHOOL ROW
LLANFRYNACH
BRECON
POWYS
WALES
LD3 7AZ**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/06/1944**

Nationality: **BRITISH**

Occupation: **PHARMACIST**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	1000
		<i>Aggregate nominal value</i>	1000
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	1000
		<i>Total aggregate nominal value</i>	1000

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 26/04/2016 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : 900 ORDINARY shares held as at the date of this return
Name: JOHN GEOFFREY KEY

Shareholding 2 : 100 ORDINARY shares held as at the date of this return
Name: CLAIRE LISA KEY

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.