

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000012542**

1. Entity Name  
**BODY & SOUL WELLNESS CENTER INC**



Principal Place of Business

784 U.S. HWY. 1  
3  
NORTH PALM BEACH, FL 33408

Mailing Address

784 U.S. HWY. 1  
3  
NORTH PALM BEACH, FL 33408



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
01-0769685

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WELLER, PATRICIA A  
784 U.S. HWY. 1  
3  
NORTH PALM BEACH, FL 33408

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WELLER, PATRICIA A
STREET ADDRESS	784 U.S. HWY. 1 SUITE 3
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	VS
NAME	CORSON, MICHELLE A
STREET ADDRESS	784 U.S. HWY. 1 SUITE 3
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Patricia Weller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07 561 6253040  
Date Day/Time Phone #