


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2007 08:00 A
Secretary of State

DOCUMENT # 591332 1. Entity Name TOO YOUR HEALTH SPA, INC.	
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Principal Place of Business
2841 S.W. 20TH STREET
OCALA, FL 34474

Mailing Address
2841 S.W. 20TH STREET
OCALA, FL 34474



05172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1855230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEITZ, FRED
400 S.W. 48TH STREET ROAD
OCALA, FL 32674

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWEITZ, FRED
STREET ADDRESS	400 S.W. 48TH ST. RD.
CITY-ST-ZIP	OCALA, FL 34471

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/01/07-80016-006 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/07 352-237-6149
Date Daytime Phone #