

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 591332**

1. Entity Name  
**TOO YOUR HEALTH SPA, INC.**



Principal Place of Business  
**2841 S.W. 20TH STREET  
OCALA, FL 34474**

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



04112008 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

**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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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05/23/08-80011-012 150.00

**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

*Y/ps.08*

*237 6149*

Date

Daytime Phone #