

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 648331

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: CANDLELITE HEALTH SPAS, INCORPORATED

## Current Principal Place of Business:

915 W JEFFERSON ST  
BROOKSVILLE, FL 34601

## New Principal Place of Business:

## Current Mailing Address:

11350 OLD CRYSTAL RIVER RD  
BROOKSVILLE, FL 34601

## New Mailing Address:

11350 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE, FL 34601

FEI Number: 59-2097876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAVIN, SAMUEL W  
955 CANDLELIGHT BLVD  
BROOKSVILLE, FL 34601 US

## Name and Address of New Registered Agent:

LAVIN, SAMUEL W  
11350 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE, FL 34601 US

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.

SIGNATURE: SAMUEL W. LAVIN

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: LAVIN, ERIC  
Address: 955 CANDLELIGHT BLVD.  
City-St-Zip: BROOKSVILLE, FL 00000,

Title: ASD ( ) Delete  
Name: OLFASON, DOLORES H.  
Address: 12290 GREENWOOD STREET  
City-St-Zip: BROOKSVILLE, FL

Title: PT ( ) Delete  
Name: LAVIN, SAMUEL W  
Address: 955 CANDLELIGHT BLVD  
City-St-Zip: BROOKSVILLE, FL 34601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition  
Name: LAVIN, ERIC  
Address: 11350 OLD CRYSTAL RIVER ROAD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: ASD (X) Change ( ) Addition  
Name: OLFASON, DOLORES H  
Address: 12290 GREENWOOD STREET  
City-St-Zip: BROOKSVILLE, FL

Title: PT (X) Change ( ) Addition  
Name: LAVIN, SAMUEL W  
Address: 11350 OLD CRYSTAL RIVER ROAD  
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL W. LAVIN

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date