

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007088

FILED  
Jan 23, 2006  
Secretary of State

**Entity Name:** HOLISTIC INFORMATION SERVICES, INCORPORATED

**Current Principal Place of Business:**

677 N. WASHINGTON BOULEVARD  
SUITE 39  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

677 N. WASHINGTON BOULEVARD  
SUITE 39  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 20-3200576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WETHERINGTON, BILLY  
677 N. WASHINGTON BOULEVARD  
SUITE 39  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WETHERINGTON, BILLY  
Address: 677 N. WASHINGTON BOULEVARD  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: BEITZ, MICHAEL  
Address: 2561 VILLAGE BLVD. #204  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: ANDERSON, GAYLE  
Address: 4670 ARDALE ST.  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY WETHERINGTON

D

01/23/2006

Electronic Signature of Signing Officer or Director

Date