

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT# P00000022285

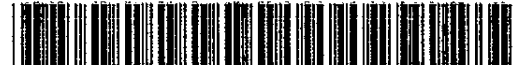
1. Entity Name
THE YOGA WORKSHOP, INC.



FILED
Apr 12, 2004 08:00 AM
Secretary of State

Principal Place of Business
12020 RIDGE ROAD
LARGO, FL 33778

Mailing Address
12020 RIDGE ROAD
LARGO, FL 33778



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3631338	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

LYONS, GARY W
311 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756

**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, 2004 Fee will be \$550.00

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

000000110430
04/12/04-56092-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D HOWE, STEVEN K 12020 RIDGE ROAD LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY ST ZIP	D HOWE, WANDA E 12020 RIDGE ROAD LARGO, FL 33778
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Wanda E. Howe, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04
Date

727-432-3018
Daytime Phone #

Wanda E. Howe President

0 727-588-9005