

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90028 003 \*\*\*158.75

DOCUMENT # P00000092334

1. Entity Name  
VIGOROUSLIVING.COM, INC.



Principal Place of Business  
40347 US HWY 19 NORTH  
SUITE 122  
TARPON SPRINGS, FL 34689

Mailing Address  
40347 US HWY 19 NORTH  
SUITE 122  
TARPON SPRINGS, FL 34689

94020675



2. Principal Place of Business  
40347 US 19 North  
Suite, Apt. #, etc.  
suite 120

3. Mailing Address  
40347 US 19 North  
Suite, Apt. #, etc.  
suite 120

City & State  
Tarpon Springs FL

City & State  
Tarpon Springs FL

Zip  
34689

Country  
USA

Zip  
34689

Country  
USA

02242004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3675781

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HESS, BRAD A  
384 WOOD CHUCK AVE  
TARPON SPRINGS, FL 34689

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 DATE 2/24/04

Signature, typed or printed name of registered agent and fee 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

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	HESS, BRAD A	384 WOOD CHUCK AVE	TARPON SPRINGS, FL 34689	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

2/24/04 727-938-6615  
Date Daytime Phone #