

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000006483	
1. Entity Name THE WELLNESS INSTITUTE OF ORLANDO, INC.	

Principal Place of Business 851 W S R 436 SUITE 1089 ALTAMONTE SPRINGS FL 32714	Mailing Address 851 W S R 436 SUITE 1089 ALTAMONTE SPRINGS FL 32714
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3693911	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent FREEMAN, LINDA 851 W. S.R. 436, #1089 ALTAMONTE SPRINGS FL 32714
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ Signature, typed or printed name of registered agent and title (if applicable)
(NOTE: Registered Agent Signature Required when electing to go)
DATE _____

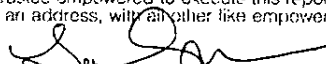
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE VP	☐ Delete
NAME FREEMAN, LINDA	
STREET ADDRESS 851 W. SR 436 #1089	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE P	☐ Delete
NAME CARRERO, FREDDY	
STREET ADDRESS 851 W. SR 436 #1089	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:  **1121108 1017800600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR