


**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000014873</b> 1. Entity Name <b>THE WELLNESS SPA OF HIGH SPRINGS, INC.</b>	
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Principal Place of Business <b>340 NW 1ST AVE. HIGH SPRINGS, FL 32643</b>	Mailing Address <b>P.O. BOX 2999 HIGH SPRINGS, FL 32655-2999</b>
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**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**CLARK, SUZIE A  
340 NW 1ST AVE.  
HIGH SPRINGS, FL 32643**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1100000504095 04/26/06-80058-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CLARK, SUZIE A P.O. BOX 2999 HIGH SPRINGS, FL 326552999</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROBERTS, RUSSELL A P.O. BOX 2999 HIGH SPRINGS, FL 326552999</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Suzie Ann Clark **SUZIE ANN CLARK** 4/11/06 386-454-8889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #