

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # P01000014873

1. Entity Name
THE WELLNESS SPA OF HIGH SPRINGS, INC.



07 DEC -5 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
340 NW 1ST AVE.
HIGH SPRINGS, FL 32643

Mailing Address
P.O. BOX 2999
HIGH SPRINGS, FL 32655-2999

80 12-10-07



09052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

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: *Suzie Ann Clark*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

700112050887
11/07/07 13--005 **150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME CLARK, SUZIE A
STREET ADDRESS P.O. BOX 2999
CITY-ST-ZIP HIGH SPRINGS, FL 326552999

TITLE T
NAME ROBERTS, RUSSELL A
STREET ADDRESS P.O. BOX 2999
CITY-ST-ZIP HIGH SPRINGS, FL 326552999

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/07
Date

10/15/07
Daytime Phone #



340 N.W. 1st. Ave.
P.O. Box 2999
386-454-8889 High Springs, Fl. 32655
Suzie Ann Clark, LMT #MA26973, Pres.

12/3/07

To Whom It May Concern:

I spoke with your office today & was instructed to write this letter requesting that the \$600.⁰⁰ reinstatement fee be waived. The first notice I received was the one I responded to & sent my check on 10/15/07. I had been out of state prior to this, because of a family member having surgery.

This is a small owner/operator operation & this will make staying in business difficult to say the least, with County taxes going up every year. I'm 68 years old & not able to work everyday because of health problems. My apologies for being late, but I don't respond to notices I don't receive. Thank you for your assistance.
Suzie Ann Clark