

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000061098 1. Entity Name FULL CIRCLE YOGA, INC.	
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Principal Place of Business 1521 LYNDALE BLVD MAITLAND, FL 32751	Mailing Address 1521 LYNDALE BLVD MAITLAND, FL 32751
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3732327	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CALLAHAN, W. SCOTT ESQ STUMP, STOREY & CALLAHAN, P.A. 37 NORTH ORANGE AVE STE 200 ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

9. 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 _____ (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	D ROTHLEIN, LEWIS 1521 LYNDALE BLVD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHLEIN, SUSAN 1521 LYNDALE BLVD MAITLAND, FL 32751
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01/21/04-80010-010 150.00

**DO NOT WRITE
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)(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: Susan Rothlein Susan Rothlein 1-19-04 407-644-3288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #