

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000061098

1. Entity Name
FULL CIRCLE YOGA, INC.



Principal Place of Business
1521 LYNDAL BLVD
MAITLAND, FL 32751

Mailing Address
1521 LYNDAL BLVD
MAITLAND, FL 32751



01242007 No Chg-P CR2E034 (11/05)

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**

6. 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**

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 reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U000000688845
04/11/07-80011-014 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ROTHLEIN, LEWIS**
STREET ADDRESS **1521 LYNDAL BLVD**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D**
NAME **ROTHLEIN, SUSAN**
STREET ADDRESS **1521 LYNDAL BLVD**
CITY-ST-ZIP **MAITLAND, FL 32751**

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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: Susan B. Rothlein Susan B. Rothlein 4/2/07 407-644-3288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #