

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 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



02122008 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 re-registering)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

**TITLE**  
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**CITY-STATE-ZIP**

000000829320  
02/26/08-80037-003 150.00

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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 Rothlein* Susan Rothlein 2/12/08 407-644-3288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #