

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082425

FILED  
Apr 19, 2004  
Secretary of State

**Entity Name:** CENTER FOR WELLNESS AND DISEASE PREVENTION, INC.

**Current Principal Place of Business:**

650 WYMORE RD, STE 202  
WINTER PARK, FL 32789

**New Principal Place of Business:**

650 WYMORE RD,  
STE 202  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

650 WYMORE RD, STE 202  
WINTER PARK, FL 32789

**New Mailing Address:**

650 WYMORE RD  
STE 202  
WINTER PARK, FL 32789 US

**FEI Number:** 59-3744463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, GIDEON DR.  
650 WYMORE RD, STE 202  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

LEWIS, GIDEON DR.  
650 WYMORE RD  
STE 202  
WINTER PARK, FL 32789 US

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.

SIGNATURE:

04/19/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEWIS, GIDEON G DR  
Address: 650 WYMORE RD SUITE 202  
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete  
Name: DAVIS, CHANDRE MRS  
Address: 650 WYMORE RD, STE 202  
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete  
Name: DAVID, JEFFREY MR  
Address: 650 WYMORE RD, STE 202  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEWIS, GIDEON G DR  
Address: 1564 FOXDEN RD  
City-St-Zip: APOPKA, FL 32712 US

Title: VP (X) Change ( ) Addition  
Name: DAVIS, CHANDRA N MRS  
Address: 1564 FOXDEN RD  
City-St-Zip: APOPKA, FL 32712 US

Title: T (X) Change ( ) Addition  
Name: DAVID, JEFFREY M MR  
Address: 1564 FOXDEN RD  
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY M DAVIS

T

04/19/2004

Electronic Signature of Signing Officer or Director

Date