

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P02000013518

1. Entity Name
ALTERNATIVE WELLNESS CENTER, INC.



Principal Place of Business
1122 THIRD STREET
SUITE 1
NEPTUNE BEACH, FL 32266

Mailing Address
1122 THIRD STREET
SUITE 1
NEPTUNE BEACH, FL 32266



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0559460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMONT, NIKI
1122 THIRD STREET
SUITE 1
NEPTUNE BEACH, FL 32266

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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**

10. OFFICERS AND DIRECTORS

TITLE P
NAME LAMONT, NIKI
STREET ADDRESS 68 JARDIN DR MER PLACE
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D
NAME TAYLOR, JESSICA
STREET ADDRESS PO BOX 746
CITY-ST-ZIP BODEGA BAY, CA 94923

TITLE D
NAME ORSINI, RICHARD
STREET ADDRESS 68 JARDIN DE MER PLACE
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/19/07-80012-007 150.00

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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: *Niki Lamont*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-07
Date Daytime Phone #