

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016317

FILED
Jan 20, 2004
Secretary of State

Entity Name: CON-40 WELLNESS CENTER, INC.

Current Principal Place of Business:

1918 WINSLOE DRIVE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

10935 N. DALE MABRY
TAMPA, FL 33618

Current Mailing Address:

1918 WINSLOE DRIVE
NEW PORT RICHEY, FL 34655

New Mailing Address:

2861 ROEHAMPTON CLOSE
TAPRON SPRINGS, FL 34688

FEI Number: 01-0629150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONFORTI, CARL G
1918 WINSLOE DRIVE
NEW PORT RICHEY, FL 34655

Name and Address of New Registered Agent:

CONFORTI, CARL G
2861 ROEHAMPTON CLOSE
TAPRON SPRINGS, FL 34688

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: CARL G. CONFORTI

01/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONFORTI, CARL G
Address: 1918 WINSLOE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONFORTI, CARL G
Address: 2861 ROEHAMPTON CLOSE
City-St-Zip: TAPRON SPRINGS, FL 34688

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: CARL G. CONFORTI

PRES

01/20/2004

Electronic Signature of Signing Officer or Director

Date