

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000020842

1. Entity Name  
**WHARFSIDE YOGA AND FITNESS, INC.**



Principal Place of Business

6909 NW 18TH STREET  
A-103  
BOCA RATON, FL 33433 US

Mailing Address

6909 NW 18TH ST.  
A-103  
BOCA RATON, FL 33433

**FILED**

05 SEP 27 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3640873**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HUARD, SUSAN A  
1398 S W 14TH STREET  
BOCA RATON, FL 33486

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by October 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
HUARD, SUSAN A  
1398 S W 14TH STREET  
BOCA RATON, FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
HUARD, ROGER  
1398 S W 14TH STREET  
BOCA RATON, FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800060728498  
10/18/05--01083--005 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

*[Handwritten Signature]*  
9/22/05

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/05 561-392-3168  
Date Daytime Phone #