

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000012542**

**1. Entity Name  
BODY & SOUL WELLNESS CENTER INC**



**Principal Place of Business  
784 U.S. HWY. 1  
3  
NORTH PALM BEACH, FL 33408**

**Mailing Address  
784 U.S. HWY. 1  
3  
NORTH PALM BEACH, FL 33408**



01152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
01-0769685

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WELLER, PATRICIA A  
784 U.S. HWY. 1  
3  
NORTH PALM BEACH, FL 33408**

**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 relocating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

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

**10. OFFICERS AND DIRECTORS**

**TITLE P  
NAME WELLER, PATRICIA A  
STREET ADDRESS 784 U.S. HWY. 1 SUITE 3  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408**

**TITLE VS  
NAME CORSON, MICHELLE A  
STREET ADDRESS 784 U.S. HWY. 1 SUITE 3  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408**

**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**

U00000391376  
01/24/06-80038-018 150.00

**DO NOT WRITE  
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 life empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-06 561 625-3040  
Date Daytime Phone