

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015603

Entity Name: WELLNESS COACHING INC

FILED  
Mar 19, 2005  
Secretary of State

## Current Principal Place of Business:

3462 HARNESS CIRCLE  
LAKE WORTH, FL 33467

## New Principal Place of Business:

3462 HARNESS CIRCLE  
WELLINGTON, FL 33467

## Current Mailing Address:

3462 HARNESS CIRCLE  
LAKE WORTH, FL 33467

## New Mailing Address:

3462 HARNESS CIRCLE  
WELLINGTON, FL 33467

FEI Number: 06-1680871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, JOSE CPA  
12839 NW 18 TH COURT  
PEMBROKE PINES, FL 333028 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHATHAM, ANTONY  
Address: 3462 NHARNESS CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete  
Name: CHATHAM, ANNIE  
Address: 3462 NHARNESS CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CHATHAM, ANTONY  
Address: 3462 NHARNESS CIRCLE  
City-St-Zip: WELLINGTON, FL 33467

Title: VP (X) Change ( ) Addition  
Name: CHATHAM, ANNIE  
Address: 3462 NHARNESS CIRCLE  
City-St-Zip: WELLINGTON, FL 33467

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: ANTONY CHATHAM

P

03/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date