2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# P03000023508

Entity Name: FLOURISH WELLNESS, INC.

Current Principal Place of Business:

2620 HICKORY RIDGE RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2620 HICKORY RIDGE RD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 01-0769866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAUGDAHL, ERIC J
922 E. LAFAYETTE ST., SUITE F
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D
Name: CHARRON, ALICE
Address: 2620 HICKORY RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: CHARRON, MICHAEL
Address: 2620 HICKORY RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: CHARRON, KATHERINE
Address: 2620 HICKORY RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: ALICE E. CHARRON D 01/07/2011

Electronic Signature of Signing Officer or Director Date