

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90007 029 ***150.00

DOCUMENT # P03000044117

1. Entity Name

LIFETIME WELLNESS CENTERS, INC.



Principal Place of Business:

618 WASHBURN RD.
MELBOURNE FL 32934

Mailing Address

618 WASHBURN RD.
MELBOURNE FL 32934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0065466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACINA, KATHY PIHLAJA
618 WASHBURN RD.
MELBOURNE FL 32934

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 KATHY PIHLAJA LACINA
Kathy Pihlaja Lacina, Pres.

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/12/04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS LACINA, KATHY PIHLAJA
CITY-ST-ZIP 618 WASHBURN RD.
MELBOURNE FL 32934

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: KATHY PIHLAJA LACINA
Kathy Pihlaja Lacina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04

Date

321 757 8981

Daytime Phone #

Attachments
003000044117
Lifetime Wellness Centers, Inc.
44048822

July 12, 2004

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: LIFETIME WELLNESS CENTERS, INC.

Enclosed is a check for \$150 for the annual filing fee for the above referenced corporation.

I did not receive a 2004 1st notice of filing an annual report. After contacting the FI Dept. of State, I was told to write you a letter explaining the reason no report was filed and ask that you waive the late filing fee.

Thank you for your assistance in this matter.

Sincerely,

Kathy Pihlaja Lacina
Kathy Pihlaja Lacina