

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2006 08:00 AM
Secretary of State

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.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

80-0065466

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

☐ Change ☐ Add
TITLE
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CITY-ST-ZIP

U00000424549
02/18/06-80054-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: **KATHY PIHLAJA LACINA**
Kathy Pihlaja Lacina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

DATE

321 257-8981

DAYTIME PHONE #