

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-03-2004 90760 019 ***150.00

DOCUMENT # P03000102067

1. Entity Name
BODY PATHWAYS, INC.



Principal Place of Business
320 N FERNCREEK AVE
ORLANDO, FL 32803

Mailing Address
320 N FERNCREEK AVE
ORLANDO, FL 32803

66427895



2. Principal Place of Business
511 N. Ferncreek Ave

3. Mailing Address
511 N. Ferncreek Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number ☒ Applied For
Not Applicable

Zip
32803

Country
USA

Zip
32803

Country
USA

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

MACE-PARKER, LYNN C
320 N FERNCREEK AVE
ORLANDO, FL 32803

Name
Mace-Parker, Lynn C.

Street Address (P.O. Box Number is Not Acceptable)
511 N. Ferncreek Ave.

City Orlando

FL

Zip Code
32803

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 Lynn Mace Parker 4/30/04 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 President
Mace-Parker, Lynn C.
STREET ADDRESS 511 N. Ferncreek Ave.
CITY-ST-ZIP Orlando, FL 32803

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: Lynn Mace Parker 4/30/04 Date Daytime Phone #