

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90044 003 ***150.00

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1. Entity Name
EVERYTHING YOGA, INC.



Principal Place of Business
6707 PLANTATION RD A-2
PENSACOLA, FL 32504 US

Mailing Address
6707 PLANTATION RD A-2
PENSACOLA, FL 32504 US

40013899



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0813470

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RITCHIE, CHARLES B
6707 PLANTATION ROAD A-2
PENSACOLA, FL 32504

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RITCHIE, CHARLES B
STREET ADDRESS 6707 PLANTATION RD A-2
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VP
NAME WELSH, ERIC
STREET ADDRESS 6707 PLANTATION RD A-2
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles B. Ritchie

2/24/06

Date

850-449-2367

Daytime Phone #