

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050486

FILED
May 26, 2009
Secretary of State

Entity Name: OWENS & LAKE WELLNESS & COUNSELING, INC.

Current Principal Place of Business:

590 SOLUTIONS WAY SUITE 110
ROCKLEDGE, FL 32955

New Principal Place of Business:

590 SOLUTIONS WAY SUITE 120
ROCKLEDGE, FL 32955

Current Mailing Address:

590 SOLUTIONS WAY SUITE 110
ROCKLEDGE, FL 32955

New Mailing Address:

590 SOLUTIONS WAY SUITE 120
ROCKLEDGE, FL 32955

FEI Number: 04-3788147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAKE, MICHAEL
590 SOLUTIONS WAY SUITE 110
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

LAKE, MICHAEL
590 SOLUTIONS WAY SUITE 120
ROCKLEDGE, FL 32955 US

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:

05/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAKE, MICHAEL
Address: 803 GARDENER RD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: OWENS, RUSSELL
Address: 1659 KESTREL CT.
City-St-Zip: VIERA, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL H LAKE

D

05/26/2009

Electronic Signature of Signing Officer or Director

Date