

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127772

FILED  
Jul 01, 2005  
Secretary of State

**Entity Name:** EVERY WOMAN COMPLETE HEALTH STUDIO, INC.

**Current Principal Place of Business:**

514 SOUTH MAGNOLIA AVENUE  
OCALA, FL 34472 US

**New Principal Place of Business:**

2760 SE 17TH STREET  
#500  
OCALA, FL 34471 US

**Current Mailing Address:**

2833 NE 19TH AVENUE  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:** 20-1592580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, LISA K CPA  
3848 SW 108TH LANE  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

COOLEY, THOMAS J CPA  
1409 NE 22ND AVENUE  
OCALA, FL 34471 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: TOM COOLEY, CPA

07/01/2005

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: P ( ) Delete  
Name: COY-TOZZO, SHANNON L  
Address: 2833 NE 19TH AVE  
City-St-Zip: OCALA, FL 34470 US

Title: VP ( ) Delete  
Name: COY, CATHY K  
Address: 2831 NE 19TH AVE  
City-St-Zip: OCALA, FL 34470 US

**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 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 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: SHANNON L. COY-TOZZO

P

07/01/2005

Electronic Signature of Signing Officer or Director

Date