

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90047 019 ***150.00

DOCUMENT # P04000156699

1. Entity Name

WELL BY DESIGN, INC.



Principal Place of Business

19621 LAKE LINCOLN LANE
EUSTIS FL 32736

Mailing Address

19621 LAKE LINCOLN LANE
EUSTIS FL 32736



2. Principal Place of Business

502 S. HIGHLAND ST.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

MT. DORA, FLA.

City & State

4. FEI Number

06-1735-094

Applied For

Not Applicable

Zip

32757

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, JANICE
19621 LAKE LINCOLN LANE
EUSTIS FL 32736

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE D ☐ Delete
NAME YOUNG, JANICE
STREET ADDRESS 19621 LAKE LINCOLN LANE
CITY-ST-ZIP EUSTIS FL 32736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Janice Young JANICE YOUNG 7-21-05 352-357-6979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Fla. Dept of State

ATTACHMENT

July 21, 2005

Div. of Corporations. 50057932

#P04000156699

Here is my annual fee for \$150.00

I am requesting that the late fee be
waived as I did not receive a 1st
notice. The notice I did receive came
in June.

Thank you very much,

Dr. Jan Young

Any questions - Phone + 352-357-6979
cell 352-250-6979