

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90293 001 ***317.50

DOCUMENT # P06000044434

1. Entity Name
"YEARS TO YOUR HEALTH, INC."



Principal Place of Business
7902 W. WATERS AVE
SUITES G & H
TAMPA, FL 33615 US

Mailing Address
7902 W. WATERS AVE
SUITES G & H
TAMPA, FL 33615 US

66009495



2. Principal Place of Business - No P.O./Box #
7902 W Waters Ave

3. Mailing Address
7902 W Waters Ave

04132008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
Suite H

Suite, Apt. #, etc.
Suite H

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip 33615 Country USA

Zip 33615 Country USA

4. FEI Number
42-1699584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UNDERWOOD, LENNESE M
3721 W. EL PRADO BLVD
TAMPA, FL 33629

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

\$158.75

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> Delete
NAME	UNDERWOOD, LENNESE M	
STREET ADDRESS	3127 W. EL PRADO BLVD	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	T/S	<input type="checkbox"/> Delete
NAME	UNDERWOOD, LENNESE M	
STREET ADDRESS	3127 W. EL PRADO BLVD	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	UNDERWOOD, LENNESE M	
STREET ADDRESS	3127 W. EL PRADO BLVD	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Lenne M. Underwood *Lenne M. Underwood* 4/14/2008