

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097871

FILED  
Jul 07, 2010  
Secretary of State

**Entity Name:** ABC'S OF HEALTH & WELLNESS, INC.

**Current Principal Place of Business:**

1871 COLONIAL BLVD.,  
SUITE 104  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1871 COLONIAL BLVD.,  
SUITE 104  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 20-5468134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LONG, JACK H  
2343 BURTON AVENUE  
FORT MYERS, FL 33907 US

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

LONG, JACK H  
44 TAO COURT  
FORT MYERS, FL 33912 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:

07/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: I  
Name: LONG, JACK  
Address: 44 TAO COURT  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: LONG, CHARLOTTE A  
Address: 44 TAO COURT  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: HORGAN, CATHERINE M  
Address: 39 SOLDEDDO COURT  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: HORGAN, WILLIAM J  
Address: 39 SOLCEDO COURT  
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE M. HORGAN

D

07/07/2010

Electronic Signature of Signing Officer or Director

Date