

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051619

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: HEALTH & WELLNESS PROFESSIONALS, INC.

## Current Principal Place of Business:

701 ENTERPROSE ROAD, SUITE 701  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

701 ENTERPRISE ROAD  
SUITE 701  
SAFETY HARBOR, FL 34695

## Current Mailing Address:

701 ENTERPROSE ROAD, SUITE 701  
SAFETY HARBOR, FL 34695

## New Mailing Address:

701 ENTERPRISE ROAD  
SUITE 701  
SAFETY HARBOR, FL 34695

FEI Number: 20-8954472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALEDAS, MELANIE A  
13011 ROYAL GEORGE AVE  
ODESSA, FL 33556 US

## Name and Address of New Registered Agent:

OWEN, ANN R  
13011 ROYAL GEORGE AVE  
ODESSA, FL 33556 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: ANN R OWEN

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: OWEN, TERRY  
Address: 13011 ROYAL GEORGE AVE  
City-St-Zip: ODESSA, FL 33556

Title: DP ( ) Delete  
Name: OWEN, ANN  
Address: 13011 ROYAL GEORGE AVE  
City-St-Zip: ODESSA, FL 33556

Title: S ( ) Delete  
Name: HONRATH, EUGENE  
Address: 13011 ROYAL GEORGE AVE  
City-St-Zip: ODESSA, FL 33556

Title: T (X) Delete  
Name: SALEDAS, MELANIE  
Address: 13011 ROYAL GEORGE AVE  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition  
Name: OWEN, TERRY W  
Address: 13011 ROYAL GEORGE AVE  
City-St-Zip: ODESSA, FL 33556

Title: DP (X) Change ( ) Addition  
Name: OWEN, ANN R  
Address: 13011 ROYAL GEORGE AVE  
City-St-Zip: ODESSA, FL 33556

Title: S (X) Change ( ) Addition  
Name: HONRATH III, EUGENE  
Address: 13011 ROYAL GEORGE AVE  
City-St-Zip: ODESSA, FL 33556

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: TERRY W OWEN

DVP

01/19/2009

Electronic Signature of Signing Officer or Director

Date