

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000046215

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** VIBRANT HEALTH & WELLNESS, INC.

**Current Principal Place of Business:**

215 NW 180TH ST.  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 700  
NEWBERRY, FL 32669 US

**New Mailing Address:**

**FEI Number:** 27-2721403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBARA L. ROLLER ACCOUNTING SERVICES, INC  
4631-101 NW 53RD AVE  
GAINESVILLE, FL 32653 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HEINTZ, JOHN C  
**Address:** 1000 KEEN PARK RD  
**City-St-Zip:** FROSTPROOF, FL 33843 US

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:** JOHN C. HEINTZ

PRES

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date