

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90029 042 ***150.00

DOCUMENT # **P93000016380**

1. Entity Name
Living Well Publications, Inc.



DO NOT WRITE IN THIS SPACE

94040209

2. Principal Place of Business
11047 Peppernill Lane
Suite, Apt. #, etc. _____

3. Mailing Address
P.O. Box 24155
Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL.

City & State
JACKSONVILLE, FL.

Zip
32257

Country
DUAL

Zip
32241

Country
DUAL

4. FEI Number
59-3168618

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Trudy Pascucci

Street Address (P.O. Box Number is Not Acceptable)
11047 Peppernill Lane

City
JACKSONVILLE

FL

Zip Code
32257

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 **Trudy Pascucci** DATE **8/30/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	D Trudy Pascucci 11047 Peppernill Lane Jacksonville, FL. 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Trudy Pascucci** DATE **3/30/04** (904) **260-4996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR