

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2004 08:00 AM  
Secretary of State

|  |  |
|--|--|
| DOCUMENT # P96000035347                |  |
| 1. Entity Name<br>WELLNESS MAXED, INC. |  |



|  |  |
|--|--|
| Principal Place of Business<br>11074 SW 69 CIR<br>OCALA FL 34476<br>US | Mailing Address<br>11074 SW 69 CIR<br>OCALA FL 34476<br>US |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E034 (11/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-0662575 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>STANTON, FRED ESQ.<br>SUNTRUST INTERNATIONAL CENTER STE 2400<br>ONE SE 3RD AVE<br>MIAMI FL 33131 |
|---|

|  |             |
|--|-------------|
| 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 | (NOTE: Registered Agent signature required when re-appointing) | DATE |
|-----------|--|------|

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <input type="checkbox"/> Delete            |
| NAME                       | STANTON, FRED R                            |
| STREET ADDRESS             | SUNTRUST INTERNATIONAL CENTER STE 2400 1 S |
| CITY - ST - ZIP            | MIAMI FL 33131                             |
| TITLE                      | <input type="checkbox"/> Delete            |
| NAME                       | P KELSEY, GEORGE W                         |
| STREET ADDRESS             | 11074 SW 69 CIRCLE                         |
| CITY - ST - ZIP            | OCALA FL 34476                             |
| 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 |
| NAME  |   |
| 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 exemption stated in Section 119.07(3)(i), 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: <i>George W. Kelsey</i> | Date: <i>Jan 21, 2004</i> | Daytime Phone #: <i>253-873-1248</i> |
|------------------------------------|---------------------------|--------------------------------------|