

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058468

Entity Name: ORION WELLNESS OF FL., INC.

FILED
Aug 27, 2008
Secretary of State

Current Principal Place of Business:

2245 PLANTATION CENTER DRIVE
#44
ORANGE PARK, FL 32003 US

Current Mailing Address:

2108 PARK AVENUE
#111
ORANGE PARK, FL 32073 US

FEI Number: 59-3386866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, LAURIE
2108 PARK AVENUE
#111
ORANGE PARK, FL 32073 US

New Principal Place of Business:

2108 PARK AVE
#111
ORANGE PARK, FL 32003 US

New Mailing Address:

2108 PARK AVE
#111
ORANGE PARK, FL 32003 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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, CHRISTOPHER J
Address: 605 LORN CT
City-St-Zip: ORANGE PARK, FL 32073

Title: V () Delete
Name: CAMPBELL, LAURIE A
Address: 605 LORN CT
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAURIE CAMPBELL

MRS

08/27/2008

Electronic Signature of Signing Officer or Director

Date