

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90162 001 ***150.00

DOCUMENT # P96000073859

1. Entity Name
THE NEW YOU OF ORLANDO, INC.



Principal Place of Business
445 S ORLANDO AVE
MAITLAND, FL 32751 US

Mailing Address
445 S ORLANDO AVE
MAITLAND, FL 32751 US

40079703



2. Principal Place of Business - No P.O. Box #
412 SUMMIT RIDGE PL

3. Mailing Address
412 SUMMIT RIDGE PL

Suite, Apt. #, etc.
#300

Suite, Apt. #, etc.
#300

04202007 Chg-P CR2E034 (12/06)

City & State
LONGWOOD FL

City & State
LONGWOOD FL

4. FEI Number
59-3421703

Applied For
Not Applied

Zip Country
32779 US

Zip Country
32779 US

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

6. Name and Address of Current Registered Agent

HILLIER, DAVID
445 S ORLANDO AVE
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name **DAVID G. HILLIER**

Street Address (P.O. Box Number is Not Acceptable)
412 SUMMIT RIDGE PL

#300

City **LONGWOOD FL** Zip Code **32779**

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

David Hillier

PRESIDENT

4/15/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HILLIER, DAVID G**
STREET ADDRESS **243 W PARK AVE SUITE 201**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **VPD** ☐ Delete
NAME **HILLIER, CHERYLL**
STREET ADDRESS **243 W PARK AVE SUITE 201**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address with all other like empowered.

4/15/07

321-277 8847