

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90157 035 ***150.00

DOCUMENT # P96000089841

1. Entity Name

TOTAL WELL-BEING, INC.



Principal Place of Business

**663 POST OAK CIR UNIT 125
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address

delete
**663 POST OAK CIR UNIT 125
ALTAMONTE SPRINGS FL 32701
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**463 Post Oak CR.
Unit 125**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL.

Zip

Country

32701

Country

USA

4. FEI Number

59-3418103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSON, DEBRA C
663 POST OAK CIR
UNIT 125
ALTAMONTE SPRINGS FL 32701**

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

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, DEBRA C	
STREET ADDRESS	663 POST OAK CIR UNIT 125	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

407-260-2512

Daytime Phone