

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027956

FILED  
Jan 17, 2004  
Secretary of State

**Entity Name:** EDUCATION AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

823 CYPRESS VILLAGE BLVD  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

823 CYPRESS VILLAGE BLVD  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

**FEI Number:** 65-0746908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KERNS, KIMBERLY R  
5462 80TH CIR EAST  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

COSLETT, KIMBERLY R  
5462 80TH CIR EAST  
PALMETTO, FL 34221 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: KIMBERLY R. COSLETT

01/17/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: COSLETT, KIMBERLY  
Address: 5462 80TH CIR E  
City-St-Zip: PALMETTO, FL 34221

Title: VP ( ) Delete  
Name: COSLETT, CHRISTOPHER K  
Address: 5462 80TH AVE CIR E  
City-St-Zip: PALMETTO, FL 34221

**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 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 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: CHRISTOPHER K. COSLETT

VP

01/17/2004

Electronic Signature of Signing Officer or Director

Date