

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90092 008 \*\*\*150.00

**DOCUMENT # P98000023019**

1. Entity Name  
**THE WELLNESS AND FITNESS INSTITUTE INC.**



Principal Place of Business  
**8910 N DALE MABRY HWY  
STE 10  
TAMPA, FL 33614**

Mailing Address  
**8910 N DALE MABRY HWY  
STE 10  
TAMPA, FL 33614**

**54060293**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3530690**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAMILTON, HERB  
8910 NORTH DALE MABRY HIGHWAY  
STE 10  
TAMPA, FL 33614**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HAMILTON, HERB A
STREET ADDRESS	8910 N DALE MABRY #10
CITY- ST- ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
Doc. # 198000023019  
54060293  
JOHN F. McCAFFREY

\_\_\_\_\_  
Certified Public Accountant

July 1, 2004

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

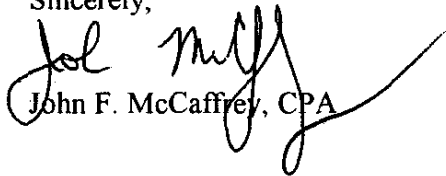
Dear Sir/Madam:

Our client has attached the 2004 Corporate Annual Report along with a check for \$150.

Please abate the \$400 late filing fee as our client never received the original notice for filing of the Corporate Annual Report.

If you have any questions please feel free to contact me at this office.

Sincerely,

  
John F. McCaffrey, CPA