2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# P98000031389

Entity Name: THE WELLNESS INSTITUTE, INC.

Current Principal Place of Business:

36555 U.S. HWY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

36555 U.S. HWY 19 NORTH
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3618019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, TRACY
8664 LONGWOOD DR
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GARCIA, TRACY
Address: 36555 US HWY 19N
City-St-Zip: PALM HARBOR, FL 34684

Title: ST ( ) Delete
Name: SEAMAN, RICHARD
Address: 36555 US HWY 19N
City-St-Zip: PALM HARBOR, FL 34684

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: TRACY A. GARCIA P 01/07/2004

Electronic Signature of Signing Officer or Director Date