

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000090475

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** THE WELLNESS & FITNESS CENTER, INC.

**Current Principal Place of Business:**

107 W. 23RD ST.  
STE W-10  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4701  
PANAMA CITY, FL 324018701 US

**New Mailing Address:**

**FEI Number:** 59-3540561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSTRENGA, TIMOTHY A  
107 W. 23RD ST,  
STE W10  
PANAMA CITY, FL 32405 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: OSTRENGA, TIMOTHY A  
Address: 107 W. 23RD ST., PO BOX 4701  
City-St-Zip: PANAMA CITY, FL 324018701

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY A. OSTRENGA

PRES

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date