

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000079227</b>	
1. Entity Name <b>WELLNESS COMMUNICATIONS NETWORKS, INC.</b>	
Principal Place of Business <b>2699 SERVILLE BLVD. #203 CLEARWATER, FL 33764</b>	Mailing Address <b>2699 SERVILLE BLVD. #203 CLEARWATER, FL 33764</b>



03082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1031257</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**STILLSON, DONALD  
2699 SEVILLE BLVD. #203  
CLEARWATER, FL 33764**

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARMORE, PATRICK 2913 WESTON TERRACE PALM HARBOR, FL 34685</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BENDER, DAVID 329 BAYVIEW DRIVE NE ST. PETERSBURG, FL 33707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STILLSON, DONALD 2699 SEVILLE BLVD. CLEARWATER, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000321662  
04/21/05-80087-007 150.00

**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)(f), 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 #

*Don D. Stillson* / 04.18.05 / 727-224-4441