


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000082108	
1. Entity Name DILLARD WELLNESS INC.	

Principal Place of Business 1316 S.E. 19TH STREET CAPE CORAL, FL 33990	Mailing Address 1316 S.E. 19TH STREET CAPE CORAL, FL 33990
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02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0948810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DILLARD, BENJAMIN 1316 S.E. 19TH STREET CAPE CORAL, FL 33990
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	DPT BENJAMIN, DILLARD 1316 SE 19TH STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DILLARD, CATHY 1316 SE 19TH STREET CAPE CORAL, FL 33990
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000356799  
05/04/05-80049-014 150.00

**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] 4/30/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #