

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000106628

1. Entity Name
WELLNESS DEVELOPMENT CORP.



Principal Place of Business
**2699 SEVILLE BLVD
203
CLEARWATER, FL 33764**

Mailing Address
**2699 SEVILLE BLVD
203
CLEARWATER, FL 33764**



03082005 No Chg-P CR2EQ34 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3227282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STILLSON, DONALD D
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 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

00000033222
04/26/05-80089-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	STILLSON, DONALD D
STREET ADDRESS	2699 SEVILLE BLVD.
CITY-ST-ZIP	CLEARWATER, FL 33764

TITLE	VP
NAME	BARMORE, PATRICK
STREET ADDRESS	2913 WESTON TERRACE
CITY-ST-ZIP	PALM HARBOR, FL 34685

TITLE	P
NAME	BENDER, DAVID
STREET ADDRESS	329 BAYVIEW DRIVE, N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33704

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)(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:

Donald D. Stillson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.22.05

Date

727-224-4011
Daytime Phone #