


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90170 023 \*\*\*150.00

<b>DOCUMENT # P99000106628</b> 1. Entity Name <b>WELLNESS DEVELOPMENT CORP.</b>					
Principal Place of Business <b>2699 SEVILLE BLVD</b> <b>203</b> <b>CLEARWATER, FL 33764</b>			Mailing Address <b>2699 SEVILLE BLVD</b> <b>203</b> <b>CLEARWATER, FL 33764</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>2205 Greenhagen Dr.</b> Suite, Apt. #, etc.		
City & State <b>Sun City Center, FL</b>			City & State <b>Sun City Center, FL</b>		
Zip <b>33573</b>		Country <b>Hillsborough</b>		4. FEI Number <b>59-3227282</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>STILLSON, DONALD D</b> <b>2699 SEVILLE BLVD., #203</b> <b>CLEARWATER, FL 33764</b>				7. Name and Address of New Registered Agent Name <b>Stilken, Donald</b> Street Address (P.O. Box Number is Not Acceptable) <b>2205 Greenhagen Dr.</b> City <b>Sun City Center</b> <b>FL</b> Zip Code <b>33573</b>	
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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STILLSON, DONALD D</b> <b>2699 SEVILLE BLVD.</b> <b>CLEARWATER, FL 33764</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Barmore, Patrick</b> <b>6550 Central Ave.</b> <b>St Petersburg, FL 33573</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BARMORE, PATRICK</b> <b>2913 WESTON TERRACE</b> <b>PALM HARBOR, FL 34685</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Bender, David</b> <b>273 Belleair Dr., N.E.</b> <b>St Petersburg, FL 33704</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BENDER, DAVID</b> <b>329 BAYVIEW DRIVE, N.E.</b> <b>ST. PETERSBURG, FL 33704</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Stilken, Donald</b> <b>2205 Greenhagen Dr.</b> <b>Sun City Center, FL 33573</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Donald D. Stillson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04.20.06 727.224.101 Date Daytime Phone #		