

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90211 028 ***150.00

DOCUMENT # P99000106628

1. Entity Name
WELLNESS DEVELOPMENT CORP.



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

Mailing Address
**205 GREEN HAVEN DR
SUN CITY CENTER, FL 33573**



04092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3227282

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
2205 Greenharn Dr.
City & State
Sun City Center, FL
Zip
33573 Country
U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
2205 Greenharn Dr.
City & State
Sun City Center, FL
Zip
33573 Country
U.S.A.

6. Name and Address of Current Registered Agent
**STILLSON, DONALD D
2205 GREENHAVEN DR
SUN CITY CENTER, FL 33573**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 **Stillson, Donald** **Donald Stillson** **04-09-07**
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, 2007 Fee will be \$350.00**

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	S STILLSON, DONALD D 2205 GREENHAVEN DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARMORE, PATRICK 6650 CENTRAL AVE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENDER, DAVID 273 BELLEAIR DR NE SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Bender, David 3961 12th St. N.E. St. Petersburg, FL 33703-5219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: **Donald Stillson** **04.09.07/1727-224-K011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #