

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90088 034 ***158.75

DOCUMENT # S34525

1. Entity Name

HEALTH CENTER FOR BETTER LIVING, INC.



Principal Place of Business

1414 ROSEMARY LANE
NAPLES FL 34103
US

Mailing Address

1414 ROSEMARY LANE
NAPLES FL 34103
US

2. Principal Place of Business

1414 Rosemary Lane
Suite, Apt. #, etc.

3. Mailing Address

1414 Rosemary
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Naples FL

City & State

Naples F

4. FEI Number

65-0242559

Applied For

Not Applicable

5. Certificate of Status Desired

P

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEARDON, TODD ERIC
1414 ROSEMARY LANE
NAPLES FL 34103

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

Todd Eric Weardon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WEARDON, TODD
STREET ADDRESS 1414 ROSEMARY LANE
CITY-ST-ZIP NAPLES FL 34103

TITLE V ☐ Delete
NAME WEARDON, AARON
STREET ADDRESS 1414 ROSEMARY LANE
CITY-ST-ZIP NAPLES FL 34103

TITLE T ☐ Delete
NAME WEARDON, JASMINE
STREET ADDRESS 1414 ROSEMARY LANE
CITY-ST-ZIP NAPLES FL 34103

TITLE S ☐ Delete
NAME WEARDON, PERRY
STREET ADDRESS 1414 ROSEMARY LANE
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Todd Eric Weardon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04 239-643-2477