



FILED
Jul 08, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---|---|---|---|
| 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 | | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 07062005 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 65-0242559 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent WEARDON, TODD ERIC 1414 ROSEMARY LANE NAPLES, FL 34103 | | 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small> | | U000000371880 07/08/05-80015-006 158.75 <small>DATE</small> | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WEARDON, TODD 1414 ROSEMARY LANE NAPLES, FL 34103 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WEARDON, AARON 1414 ROSEMARY LANE NAPLES, FL 34103 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WEARDON, JASMINE 1414 ROSEMARY LANE NAPLES, FL 34103 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WEARDON, PERRY 1414 ROSEMARY LANE NAPLES, FL 34103 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE 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)(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: <u>Todd E. Weardon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 7-6-05 | 234-643-2477 ext. 1221 <small>Daytime Phone #</small> |