

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000018

Entity Name: ONE LESS STRESS, INCORPORATED**Current Principal Place of Business:**6859 LENOX AVENUE
SUITE 10
JACKSONVILLE, FL 32205**Current Mailing Address:**6859 LENOX AVENUE
SUITE 10
JACKSONVILLE, FL 32205 US**FEI Number:** 46-1633604**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALKER, HELEN T
8039 SAN JOSE VILLAGE LANE #1
JACKSONVILLE, FL 32217 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	WALKER, HELEN T
Address	8039 SAN JOSE VILLAGE LANE #1
City-State-Zip:	JACKSONVILLE FL 32217

Title	DV
Name	COTEAT, TARA D
Address	8039 SAN JOSE VILLAGE LANE #1
City-State-Zip:	JACKSONVILLE FL 32217

Title	DT
Name	JONES, DERRICK
Address	9440 HARRIER COURT
City-State-Zip:	JACKSONVILLE FL 32221

Title	DS
Name	BRANDON, RISHAWN
Address	14549 ZACHARY DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32218

Title	D
Name	JOHNSON, VALERIE
Address	6500 LAKE GRAY BLVD #401
City-State-Zip:	JACKSONVILLE FL 32222

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TARA D. COTEATVICE PRESIDENT/
DIRECTOR

04/09/2013

Electronic Signature of Signing Officer/Director Detail_____
Date