

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023508

Entity Name: FLOURISH WELLNESS, INC.

Current Principal Place of Business:

2620 HICKORY RIDGE RD.
TALLAHASSEE, FL 32308

Current Mailing Address:

2620 HICKORY RIDGE RD.
TALLAHASSEE, FL 32308

FEI Number: 01-0769866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAUGDAHL, ERIC J
922 E. LAFAYETTE ST., SUITE F
TALLAHASSEE, FL 32301 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 D
Name CHARRON, ALICE
Address 2620 HICKORY RIDGE RD.
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name CHARRON, MICHAEL
Address 2620 HICKORY RIDGE RD.
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name CHARRON, KATHERINE
Address 2620 HICKORY RIDGE RD.
City-State-Zip: TALLAHASSEE FL 32308

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALICE CHARRON

OFFICER

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date