

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 560335**

1. Entity Name  
**ANTHONY'S HEALTH HUT, INC.**



Principal Place of Business  
**5329 S FLORIDA AVENUE  
 LAKELAND, FL 33813**

Mailing Address  
**5329 S FLORIDA AVENUE  
 LAKELAND, FL 33813**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1787449** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER, ANTHONY H  
 5329 S FLORIDA AVE  
 LAKELAND, FL**

**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 \_\_\_\_\_

Signature typed or printed name of registered agent (and fee if applicable)

(NOTE: Registered Agent signature required when submitting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 12, 2008**

9. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00** May Be  
 Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>MILLER, ANTHONY H</b>
STREET ADDRESS	<b>18 LOMA ALTA</b>
CITY-ST-ZIP	<b>LAKELAND, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953903  
 07/10/08-80002-021 550.00

**DO NOT WRITE  
 IN THIS SPACE**

17. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 130, 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 507, 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:**

*Anthony H. Miller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-8-08** **8636445320**  
 Date (Month/Day/Year) (State Phone #)