


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000071336**

1. Entity Name  
**HEALTHY HOME CONCEPTS, INC.**



Principal Place of Business      Mailing Address

**905 LAKE DORA DR**      **PO BOX 1028**  
**TAVARES, FL 32778 US**      **TAVARES, FL 32778 US**

**DO NOT WRITE IN THIS SPACE**



05132008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3662453</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TEMARES, ROBIN D**  
**905 LAKE DORA DRIVE**  
**TAVARES, FL 32778**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.        **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TEMARES, ROBIN D</b> <b>905 LAKE DORA DRIVE</b> <b>TAVARES, FL 32778</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robin Temares    Robin Temares    5/9/08    352-253-1418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #