

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112430

Entity Name: HEALTHY EXPRESS, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

3414 CULBREATH RD.  
VALRICO, FL 33594

## New Principal Place of Business:

## Current Mailing Address:

1710 COMPTON STREET  
BRANDON, FL 33511

## New Mailing Address:

FEI Number: 20-0291337      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MONDELLO, DEBORAH R  
5409 CHENAULT PLACE  
RIVERVIEW, FL 33569      US

## Name and Address of New Registered Agent:

ROACH, DENISE L  
1710 COMPTON STREET  
BRANDON, FL 33511      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: DENISE L. ROACH

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: MONDELLO, DEBORAH R DIR  
Address: 5409 CHENAULT PLACE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D      ( ) Delete  
Name: SYKES, BRENDA T DIR  
Address: 15137 NIGHTHAWK DRIVE  
City-St-Zip: TAMPA, FL 33625 US

Title: TD      ( ) Delete  
Name: ROACH, DENISE L TREAS  
Address: 1710 COMPTON STREET  
City-St-Zip: BRANDON, FL 33511 US

Title: PD      ( ) Delete  
Name: ROACH, FRANKLIN D PRES  
Address: 1710 COMPTON STREET  
City-St-Zip: BRANDON, FL 33511 US

Title: VPSD      ( ) Delete  
Name: MONDELLO, FRANK R VP  
Address: 5409 CHENAULT PLACE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VPD      ( ) Delete  
Name: SYKES, THOMAS R VP  
Address: 15137 NIGHTHAWK DRIVE  
City-St-Zip: TAMPA, FL 33625 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENISE L. ROACH

T

04/29/2005

Electronic Signature of Signing Officer or Director

Date