

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112430

FILED
Apr 28, 2008
Secretary of State

Entity Name: HEALTHY EXPRESS, INC.

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 ()

Name and Address of Current Registered Agent:

ROACH, DENISE L
1710 COMPTON STREET
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MONDELLO, DEBORAH R DIR
Address: 6748 ENGLE LAKE DRIVE
City-St-Zip: LAKELAND, FL 33813 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 (X) Delete
Name: MONDELLO, FRANK R VP
Address: 6748 ENGLE LAKE DRIVE
City-St-Zip: LAKELAND, FL 33813 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
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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 exemption stated 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 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

_____ Electronic Signature of Signing Officer or Director

TREA

04/28/2008

_____ Date