

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90034 029 \*\*\*150.00

**DOCUMENT # 453303**

1. Entity Name

ECONOMY HEALTH FOOD SALES, INC.



Principal Place of Business

1035 ACADEMY DR.  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

1035 ACADEMY DR.  
ALTAMONTE SPRINGS FL 32714  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-1562682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOVER, BARBARA F.  
1766 SWEETWATER WEST CIRCLE  
APOPKA FL 32712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Barbara F. Hoover*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME HOOVER, ROBERT T.  
STREET ADDRESS 1766 SWEET WATER WEST CIRCLE  
CITY-ST-ZIP APOPKA FL 32712

TITLE President ☐ Change ☒ Addition  
NAME Robert T Hoover  
STREET ADDRESS 390 Brantley Club Place  
CITY-ST-ZIP Longwood, FL 32779

TITLE S ☒ Delete  
NAME HOOVER, BARBARA F.  
STREET ADDRESS 1766 SWEETWATER WEST CIRCLE  
CITY-ST-ZIP APOPKA FL 32712

TITLE Stockholder ☐ Change ☒ Addition  
NAME Frederick A. Hoover  
STREET ADDRESS 96S Lake Front LN  
CITY-ST-ZIP Longwood FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Stockholder ☐ Change ☒ Addition  
NAME William R Hoover  
STREET ADDRESS 184 Todd Rd  
CITY-ST-ZIP Cleveland, TN 37323

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary-treasurer ☐ Change ☒ Addition  
NAME Debra J Hoover  
STREET ADDRESS 96S Lake Front LN  
CITY-ST-ZIP Longwood, FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Debra J Hoover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04

407-869-0000

Date

Daytime Phone #