

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**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**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **HOOVER, ROBERT T.**  
STREET ADDRESS **390 BRANTLEY CLUB PLACE**  
CITY-STATE-ZIP **LONGWOOD, FL 32779**

TITLE **STOC**  
NAME **HOOVER, FREDERICK A**  
STREET ADDRESS **965 LAKE FRON LN**  
CITY-STATE-ZIP **LONGWOOD, FL 32779**

TITLE **STOC**  
NAME **HOOVER, WILLIAM R**  
STREET ADDRESS **184 TODD RD**  
CITY-STATE-ZIP **CLEVELAND, TN 37323**

TITLE **ST**  
NAME **HOOVER, DEBRA J**  
STREET ADDRESS **965 LAKE FRONT LANE**  
CITY-STATE-ZIP **LONGWOOD, FL 32779**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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01/17/07-80071-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07

Date

407-869-0000

Daytime Phone #