

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453303

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: ECONOMY HEALTH FOOD SALES, INC.

**Current Principal Place of Business:**

1035 ACADEMY DR.  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

1035 ACADEMY DR.  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

FEI Number: 59-1562682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HOOVER, KATHRYN J.  
390 BRANTLEY CLUB PLACE  
LONGWOOD, FL 32779 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: KATHRYN J. HOOVER

02/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOOVER, ROBERT T.,  
Address: 390 BRANTLEY CLUB PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: STOC ( ) Delete  
Name: HOOVER, FREDERICK A  
Address: 965 LAKE FRON LN  
City-St-Zip: LONGWOOD, FL 32779

Title: STOC ( ) Delete  
Name: HOOVER, WILLIAM R  
Address: 184 TODD RD  
City-St-Zip: CLEVELAND, TN 37323

Title: ST (X) Delete  
Name: HOOVER, DEBRA J  
Address: 965 LAKE FRONT LANE  
City-St-Zip: LONGWOOD, FL 32779

**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:

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: ROBERT T. HOOVER

D

02/26/2008

Electronic Signature of Signing Officer or Director

Date