

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90004 019 ***150.00

DOCUMENT # F99000004782

1. Entity Name
THE HEALTHY EDGE, INC.



Principal Place of Business
**7405 IRVINGTON ROAD
OMAHA, NE 68122**

Mailing Address
**7405 IRVINGTON ROAD
OMAHA, NE 68122**

14023371



03182003 Chg-P CR2E034 (10/03)

4. FEI Number
86-0266249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
HOPNER, WILLIAM R
6606 S. 34TH
LINCOLN, NE 68516** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HINKEFENT, ERIC J
7807 E. 51ST STREET
TULSA, OK 74145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
JAMES, MICHAEL D
7405 IRVINGTON ROAD
OMAHA, NE 68122** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

Michael D James, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04
Date

Daytime Phone #



14023371
Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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\$150.00

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