

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H57836

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** HEALTH SHOES PLUS, INC.

**Current Principal Place of Business:**

465 CLEARWATER LARGO RD N  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

465 CLEARWATER LARGO RD N  
LARGO, FL 33770 US

**New Mailing Address:**

**FEI Number:** 59-2551287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WURTZ, JACOB  
306 10TH AVE NE  
ST PETERSBURG, FL 33701 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WURTZ, JACOB R  
Address: 306 10TH AVE NE  
City-St-Zip: ST PETERSBURG, FL 33701

Title: DVP  
Name: STRONG, JANE E  
Address: 1605 PASSE A GRILLE WAY #15  
City-St-Zip: ST PETERSBURG, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: JACOB R. WURTZ

PD

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date