

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90046 026 ***150.00



DOCUMENT # J23357

1. Entity Name

HOLISTIC HEALTH CONCEPTS, INC.

Principal Place of Business

100 E BROADWAY ST
 OVIEDO FL 32765
 US

Mailing Address

P O BOX 620605
 OVIEDO FL 32762-605
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

32762-0605



MOORE CR2E034 (11/03)

4. FEI Number **59-2748652**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, JOHN E
 1034 PEBBLE BEACH CIR, W
 WINTER SPRINGS FL 32708

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
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

TITLE **DP** Delete
 NAME **KENNEDY, JOHN E**
 STREET ADDRESS **1034 PEBBLE BEACH CIRCLE, WEST**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **S** Delete
 NAME **KENNEDY, EMILY C**
 STREET ADDRESS **1034 PEBBLE BEACH CIR W**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]
 1-26-04