


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 07, 2005 08:00 AM
Secretary of State**

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 32762-0605 US**

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

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**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KENNEDY, JOHN E 1034 PEBBLE BEACH CIRCLE, WEST WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KENNEDY, EMILY C 1034 PEBBLE BEACH CIR W WINTER SPRINGS, FL 32708
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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: _____ Date: **3-3-05** Daytime Phone #: **407-365-265**