

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J23357

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** HOLISTIC HEALTH CONCEPTS, INC.

**Current Principal Place of Business:**

100 E BROADWAY ST  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 620605  
OVIEDO, FL 327620605 US

**New Mailing Address:**

FEI Number: 59-2748652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KENNEDY, JOHN E PRES.  
Address: 1034 PEBBLE BEACH CIRCLE, WEST  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S  
Name: KENNEDY, EMILY C  
Address: 1034 PEBBLE BEACH CIR W  
City-St-Zip: WINTER SPRINGS, FL 32708

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: JOHN E. KENNEDY

PRES

02/19/2010

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

\_\_\_\_\_ Date