

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90044 010 \*\*\*150.00

**DOCUMENT # L11790**

1. Entity Name  
**TRANS-PACIFIC HEALTH PRODUCTS, INC.**



Principal Place of Business  
**4439-A 54TH AVENUE NORTH  
SAINT PETERSBURG, FL 33714 US**

Mailing Address  
**8499 S TAMiami TRL  
STE 263  
SARASOTA, FL 34238 US**

40019573



2. Principal Place of Business - No P.O. Box #

**8499 S. TAMiami TRL**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 263 274**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

Zip

**34238**

Country

**USA**

Zip

Country

01232007

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-2985071**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, MARTIN S.  
7746-66TH ST NORTH  
PINELLAS PARK, FL 33781**

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]*

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete  
NAME **COOK-HALLOCK, SUSAN**  
STREET ADDRESS **4279 BALMORAL WAY**  
CITY - ST - ZIP **SARASOTA, FL 34238**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #