

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042077

FILED
Mar 05, 2008
Secretary of State

Entity Name: GOOD HEALTH NETWORK, INC.

Current Principal Place of Business:

218 JACKSON STREET
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

218 JACKSON STREET
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3656757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAGH, JAMES F
218 JACKSON STREET
MAITLAND, FL 32751 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: CEOP () Delete
Name: KRAGH, JAMES F
Address: 1024 TUSCANY PLACE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D () Delete
Name: THOMPSON, ANDREW M
Address: 1293 PRINCE CT
City-St-Zip: LAKE MARY, FL 32746 US

Title: SD () Delete
Name: LANDON, JOHN L
Address: 1721 ALAMEDA AVE.
City-St-Zip: ORLANDO, FL 32804 US

Title: D () Delete
Name: STEPHANZ, KENNETH R
Address: 7008 KENWOOD RD.
City-St-Zip: FORT PIERCE, FL 34951 US

Title: CFO () Delete
Name: HOEFLING, MARK
Address: 801 N. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801 US

Title: D (X) Delete
Name: STONEROCK, ROBT F JR, DR
Address: 1306 WOODLAND ST
City-St-Zip: ORLANDO, FL 32806 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STONEROCK, ROBT F JR, DR
Address: 1306 WOODLAND ST
City-St-Zip: ORLANDO, FL 32806 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES F. KRAGH

CEOP

03/05/2008

Electronic Signature of Signing Officer or Director

Date