

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000109811

1. Entity Name
A HEALTHY AMERICA, INC.



Principal Place of Business
C/O BASS AND SANDFORT ACCOUNTANTS PA
1301 WST GARDEN STREET
PENSACOLA, FL 32501

Mailing Address
C/O BASS AND SANDFORT ACCOUNTANTS PA
1301 WST GARDEN STREET
PENSACOLA, FL 32501

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3683774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BASS & SANDFORT ACCOUNTANTS PA
1301 WST GARDEN STREET
PENSACOLA, FL 32501

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
HINRICHS, TANDY
3243 DESERT STREET 2044 Pin Highbr
PENSACOLA, FL 32544 32526 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HINRICHS, CHRISTIAN
3243 DESERT STREET 2044 Pin Highbr
PENSACOLA, FL 32544 32526 ☐ Delete

TITLE
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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: Tandy Hinrichs Tandy Hinrichs 4/15/08 850-944-5596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #