

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000109811

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** A HEALTHY AMERICA, INC.

**Current Principal Place of Business:**

C/O BASS & SANDFORT ACCOUNTANTS PA  
1301 W GARDEN STREET  
PENSACOLA, FL 32502 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BASS & SANDFORT ACCOUNTANTS PA  
1301 W GARDEN STREET  
PENSACOLA, FL 32502 US

**New Mailing Address:**

**FEI Number:** 59-3683774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BASS & SANDFORT ACCOUNTANTS, PA  
1301 W GARDEN ST  
PENSACOLA, FL 32502 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: HINRICHS, TANDY  
Address: 2044 PIN HIGH DR  
City-St-Zip: PENSACOLA, FL 32526 US

Title: DVP  
Name: HINRICHS, CHRISTIAN  
Address: 2044 PIN HIGH DR  
City-St-Zip: PENSACOLA, FL 32526 US

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: OFFICER

D

04/17/2012

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

\_\_\_\_\_  
Date