

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008432

FILED
Apr 10, 2004
Secretary of State

Entity Name: HOLISTIC HEALTH FOR WOMEN, INC.

Current Principal Place of Business:

2233 NURSERY RD
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

2233 NURSERY RD
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3710312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENSON, LINDA N
2233 NURSERY RD
2ND FLOOR
CLEARWATER, FL 33764

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: D () Delete
Name: RAYMUND, KAREN R
Address: 520 BAY LAUREL CT NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D () Delete
Name: GREGOIRE, SUSAN
Address: 240 PROMENADE DR #204
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSAN GREGOIRE

D

04/10/2004

Electronic Signature of Signing Officer or Director

_____ Date