

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90026 023 ***150.00

DOCUMENT # P01000029187

1. Entity Name
HOLISTIC HEALTH CARE CONSULTANTS, INC.



Principal Place of Business
**6539 Brooklyn Bay Rd
KeyStone Heights, FLA
32656**

Mailing Address
**6539 Brooklyn Bay Rd.
KeyStone Heights, FLA
32656**



DO NOT WRITE IN THIS SPACE

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
88-0449744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KALMANSON, MARC H
6539 BROOKLYN BAY ROAD
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE
IN THIS SPACE**

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.

MARC H KALMANSON
(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KALMANSON, MARC H
6539 BROOKLYN BAY ROAD
KEYSTONE HEIGHTS, FL 32656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
KALMANSON, LINCY L
6539 BROOKLYN BAY ROAD
KEYSTONE HEIGHTS, FL 32656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

MARC H KALMANSON

4/16/04

Date

Daytime Phone #

(352) 473-5706