


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000027370

1. Entity Name
 HEALTHY RESULTS, INC.



Principal Place of Business Mailing Address

4848 GRAPEVINE WAY 4848 GRAPEVINE WAY
 DAVIE, FL 33331 DAVIE, FL 33331



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0629586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAMERON, DANA JR
 4848 GRAPEVINE WAY
 DAVIE, FL 33331

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 taking action and accept the obligations of registered agent.

SIGNATURE _____

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	PD DAMERON, DANA JR 4848 GRAPEVINE WAY DAVIE, FL 33331
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	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

000000126081
 04/23/04-80020-001 150.00

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)(f) 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 I 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 a different telephone number.

SIGNATURE:  **DANA DAMERON** 4/20/04 954-434-9686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR