## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

CICNIATIIDE.

## Feb 21, 2005 08:00 AM Secretary of State **DOCUMENT # P02000095048** HEALTHY HARVEST GOURMET MARKET INC. Mailing Address Principal Place of Business 1984 NE CHRISTOPHER CT 1984 NE CHRISTOPHER CT VS JENSEN BEACH, FL 34957 \_ US JENSEN BEACH, FL 34957 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0170223 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required C. T. Waller of Contraction of 6. Name and Address of Current Registered Agent HIRTH, DAVID A DO NOT WRITE 1984 NE CHRISTOPHER CT JENSEN BEACH, FL 34957 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 2-17-05 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \*\ After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PDST TITLE HIRTH, DAVID A NAME 1984 NE CHRISTOPHER CT STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 U00000237051 U2/21/05-80043-005 158,75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 eath; 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

DAVID HIRTH

FILED

2.17.05