

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000117098

1. Entity Name
HOLISTIC HEALTH MANAGEMENT CORPORATION, INC.



Principal Place of Business
2730 CENTRAL AVE.
SAINT PETERSBURG, FL 33712

Mailing Address
2730 CENTRAL AVE.
SAINT PETERSBURG, FL 33712



07172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3720118

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REID, JEANETTE B PHD
3025 50TH ST S
SAINT PETERSBURG, FL 33707

**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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-appointing)

000000574614
08/17/06-80005-007 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
REID, JEANETTE B
3025 50 ST S
GULFPORT, FL 33707

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
WHIPPLE, WILLIAM R
234 72 ST N
ST PETERSBURG, FL 33710

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 exemptions contained in Chapter 119, 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 I am empowered.

SIGNATURE:

Jeannette B. Reid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeannette B. Reid 8/15/06 (727) 327-3767
Date

Printing Name