

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001349

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: HEALTHY EXPERIENCES, INC.

## Current Principal Place of Business:

6300 N. DAVIS HWY  
PENSACOLA, FL 32504

## New Principal Place of Business:

6933 N. 9TH AVENUE  
PENSACOLA, FL 32504

## Current Mailing Address:

6300 N. DAVIS HWY  
PENSACOLA, FL 32504

## New Mailing Address:

P.O. BOX 10389  
PENSACOLA, FL 32524

FEI Number: 82-0579458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 US

## Name and Address of New Registered Agent:

LANGFORD, GLORIA A  
P.O. BOX 10389  
PENSACOLA, FL 32524 US

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: GLORIA A. LANGFORD

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FELDER, ANN A  
Address: 2303 W. MICHIGAN AVE #D-3  
City-St-Zip: PENSACOLA, FL 32526

Title: S ( ) Delete  
Name: HOLDEN, BETTY S  
Address: 1534 SIXES RD  
City-St-Zip: CANTON, FL 30114

Title: VP (X) Delete  
Name: LANGFORD, JOHN M III  
Address: 214 IMPERIAL RIDGE CT  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ANN A. FELDER

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date