

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-02-2005 90070 033 ***150.00

DOCUMENT # P03000001349

1. Entity Name
HEALTHY EXPERIENCES, INC.



Principal Place of Business
**6933 N. 9TH AVENUE
PENSACOLA, FL 32504**

Mailing Address
**P.O. BOX 10389
PENSACOLA, FL 32524**

66006090



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252005 Chg-P CR2E034 (10/03)

4. FEI Number
82-0579458

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Gloria A. Langford**

Street Address (P.O. Box Numbers Not Acceptable)

6933 N. 9th Avenue

City **Pensacola**

FL

Zip Code
32504

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
FELDER, ANN A
2303 W. MICHIGAN AVE #D-3
PENSACOLA, FL 32528** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**10056 Hummingbird Blvd.
Pensacola, FL 32514** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
HOLDEN, BETTY S
1534 SIXES RD
CANTON, FL 30114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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: **Ann A. Felder / Ann A. Felder**

1/27/05

850-474-0477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone