

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000002226

1. Entity Name
HEALTH AND COMFORT PRODUCTS, INC.



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
1413 LAKESIDE WAY
SEBRING, FL 33876

Mailing Address
1413 LAKESIDE WAY
SEBRING, FL 33876



DO NOT WRITE IN THIS SPACE

07082008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0449211	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

BUTLER, LUCAS
1413 LAKESIDE WAY
SEBRING, FL 33876

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

000000954412
07/11/08-80012-011 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BUTLER, LUCAS 1413 LAKESIDE WAY SEBRING, FL 33876
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 like empowered.

SIGNATURE: LUCAS BUTLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08 863-471-0899
Date Daytime Phone #