

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140608

FILED
Feb 03, 2004
Secretary of State

Entity Name: SMILEY'S HEALTHY LIFE PRODUCTIONS, INC.

Current Principal Place of Business:

5348 NW 9TH LANE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

5348 NW 9TH LANE
GAINESVILLE, FL 32605

New Mailing Address:

P. O. BOX 147050
PMB 516
GAINESVILLE, FL 32614

FEI Number: 52-2414916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPEN, BEN
5348 NW 9TH LANE
GAINESVILLE, FL 32605

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARROLL, ASHLEY M.C.
Address: 13714 ALESBURY CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: PSD () Delete
Name: CAMPEN, BEN
Address: 5348 NW 9TH LANE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARROLL, ASHLEY C.
Address: 13714 ALESBURY CT
City-St-Zip: JACKSONVILLE, FL 32224

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: BEN CAMPEN

P/D

02/03/2004

Electronic Signature of Signing Officer or Director

Date