## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000020761

Entity Name: HELP YOURSELF TO BETTER HEALTH, INC.

5252 GOLF COURSE DR

JACKSONVILLE, FL 32277

Address:

City-St-Zip:

FILED Jan 07, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5252 GOLF COURSE DR JACKSONVILLE, FL 32277 **Current Mailing Address: New Mailing Address:** 5252 GOLF COURSE DR JACKSONVILLE, FL 32277 FEI Number: 03-0553999 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANG, HARRY 5252 GOLF COURSE DR JACKSONVILLE, FL 32277 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LANG, HARRY Name: Name: 5252 GOLF COURSE DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEMON, TOM 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 Chapter 119, 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: HARRY A. LANG PRES 01/07/2007