

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90006 039 ***150.00

DOCUMENT # P05000032183 1. Entity Name HEALTH GUMBO INC.																											
Principal Place of Business 14323 REFLECTION LAKES DRIVE FORT MYERS, FL 33907 US		Mailing Address 14323 REFLECTION LAKES DRIVE FORT MYERS, FL 33907 US																									
2. Principal Place of Business 14323 REFLECTION LAKES DRIVE Suite, Apt. #, etc.		3. Mailing Address 14323 REFLECTION LAKES DRIVE Suite, Apt. #, etc.																									
City & State FORT MYERS, FLORIDA Zip 33907		City & State FORT MYERS, FLORIDA Zip 33907																									
Country USA		Country USA																									
4. FEI Number 20-2409473		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HERITAGE TAX & CONSULTING SERVICES, INC. 11220 METRO PARKWAY SUITE 3 FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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: 7/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>																											
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
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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:		JESSE ROBERT NYMAN 7/3/06 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																									