


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90026 023 ***150.00

DOCUMENT # P05000154581 1. Entity Name HEALTHFUL CONCEPTS, INC.																																																																																																																	
Principal Place of Business 796 COUNTY ROUTE 135 SUMTERVILLE, FL 33585			Mailing Address P.O. BOX 388 SUMTERVILLE, FL 33585																																																																																																														
2. Principal Place of Business - No P.O. Box # 796 COUNTY ROUTE 535		3. Mailing Address Suite, Apt. #, etc.																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																															
City & State SUMTERVILLE, FL		City & State		4. FEI Number 20-3855117																																																																																																													
Zip 33585		Country AMERICA		Zip Country																																																																																																													
6. Name and Address of Current Registered Agent COUSSOULE, MARK A 796 COUNTY ROUTE 135 SUMTERVILLE, FL 33585				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: <u>Mark Alan Coussoule</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																														
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COUSSOULE, MARK A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>796 COUNTY ROUTE 135</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SUMTERVILLE, FL 33585</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CREEKMORE, DAWN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>796 COUNTY ROUTE 135</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SUMTERVILLE, FL 33585</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>COUSSOULE, MARK A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>796 COUNTY ROUTE 535</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SUMTERVILLE, FL 33585</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	COUSSOULE, MARK A		STREET ADDRESS	796 COUNTY ROUTE 135		CITY - ST - ZIP	SUMTERVILLE, FL 33585		TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	CREEKMORE, DAWN		STREET ADDRESS	796 COUNTY ROUTE 135		CITY - ST - ZIP	SUMTERVILLE, FL 33585		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	COUSSOULE, MARK A.		STREET ADDRESS	796 COUNTY ROUTE 535		CITY - ST - ZIP	SUMTERVILLE, FL 33585		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																															
NAME	COUSSOULE, MARK A																																																																																																																
STREET ADDRESS	796 COUNTY ROUTE 135																																																																																																																
CITY - ST - ZIP	SUMTERVILLE, FL 33585																																																																																																																
TITLE	VP	<input checked="" type="checkbox"/> Delete																																																																																																															
NAME	CREEKMORE, DAWN																																																																																																																
STREET ADDRESS	796 COUNTY ROUTE 135																																																																																																																
CITY - ST - ZIP	SUMTERVILLE, FL 33585																																																																																																																
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME	COUSSOULE, MARK A.																																																																																																																
STREET ADDRESS	796 COUNTY ROUTE 535																																																																																																																
CITY - ST - ZIP	SUMTERVILLE, FL 33585																																																																																																																
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
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: <u>Mark Alan Coussoule</u> <u>Mark Alan Coussoule - Pres.</u> <u>1/19/07</u> <u>352-568-3005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	