

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154581

Entity Name: HEALTHFUL CONCEPTS, INC.

FILED  
Mar 22, 2009  
Secretary of State

## Current Principal Place of Business:

796 COUNTY ROUTE 535  
SUMTERVILLE, FL 33585

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 388  
SUMTERVILLE, FL 33585

## New Mailing Address:

FEI Number: 20-3855117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COUSSOULE, MARK A  
796 COUNTY ROUTE 135  
SUMTERVILLE, FL 33585 US

## Name and Address of New Registered Agent:

COUSSOULE, MARK A  
796 COUNTY ROUTE 535  
SUMTERVILLE, FL 33585 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:

03/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COUSSOULE, MARK A  
Address: 796 COUNTY ROUTE 535  
City-St-Zip: SUMTERVILLE, FL 33585

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK A. COUSSOULE

P

03/22/2009

Electronic Signature of Signing Officer or Director

Date