

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000074793

1. Entity Name
A HEALTHY POND INC.



Principal Place of Business
13809 BELLES LANE
ORLANDO, FL 32826

Mailing Address
13809 BELLES LANE
ORLANDO, FL 32826

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5051348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAULE, GARRETT
13809 BELLES LANE
ORLANDO, FL 32826

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTS
MAULE, GARRETT
13809 BELLES LANE
ORLANDO, FL 32826

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAULE, GARRETT
13809 BELLES LANE
ORLANDO, FL 32826

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000957027
08/04/08-80006-008 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-08

Date

407.948-2528

Daytime Phone #