

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90072 021 ***150.00

DOCUMENT # P06000077510

1. Entity Name

HOLISTIC LIFESTYLE PARTNERS, INC.



Principal Place of Business

267 WHETHERBINE WAY EAST
TALLAHASSEE FL 32301

Mailing Address

267 WHETHERBINE WAY EAST
TALLAHASSEE FL 32301



2. Principal Place of Business - No P.O. Box #

303 SW 5th St

Suite, Apt. #, etc.

3. Mailing Address

303 SW 5th St

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Chiefland Fla

Zip

32626

Country

U.S.

City & State

Chiefland, FL

Zip

32626

Country

U.S.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, ICER L
303 SW 5TH STREET
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Icer L. Roberts

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

(NOTE: Registered Agent signature required when reinstating)

4-24-07

DATE

FEE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: ROBERTS, ICER L
STREET ADDRESS: 267 WHETHERBINE WAY EAST
CITY-ST-ZIP: TALLAHASSEE FL 32301

TITLE: VP ☐ Delete
NAME: ROBERTS-BUTLER, ROSENA
STREET ADDRESS: 267 WHETHERBINE WAY EAST
CITY-ST-ZIP: TALLAHASSEE FL 32301

TITLE: ST ☐ Delete
NAME: ROBERTS, BENJAMIN JR
STREET ADDRESS: 391 BUCKINGHAM BLVD
CITY-ST-ZIP: GALLATIN TN 37066

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☒ Change ☐ Addition
NAME: ROBERTS, ICER L
STREET ADDRESS: 303 S.W. 5th street
CITY-ST-ZIP: Chiefland, FL 32626

TITLE: ST ☒ Change ☐ Addition
NAME: Roberts-Butler, Rosena
STREET ADDRESS: 1110 Buckingham Drive
CITY-ST-ZIP: Tallahassee, FL 32308

TITLE: JP ☒ Change ☐ Addition
NAME: Roberts, Benjamin Jr.
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 Section 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: Rosena Roberts-Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 (850)827-4579
DATE Daytime Phone #