2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000092190

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90228 005 ***158.75

☐ Change

☐ Change

☐ Addition

☐ Addition

	ne L. HEATH, INC.)			
Principal Plac	ce of Business	Mailing Address		4000			
		3261 US HIGHWAY 27	3261 US HIGHWAY 27/441				
SUITE C1	DADY 51 0 1704	SUITE C1	0.4704				
FRUITLAND I	PARK, FL 34731	FRUITLAND PARK, FL	34/31	I LETTRE OF THE CARE BY BEEN	TI BODI BERK BELKE TERKA KIDAN KUTA KETA KETA		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3, Mailing Address	Suite, Apt. #, etc.				
		Suite, Apt. #, etc.			CR2E034 (12/06)	CR2E034 (12/06)	
City & State		City & State	City & State			oplied For	
Zip	Country	Zip	Country	5. Certificate of Status D	- 48 75 44		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of	f New Registered Agent		
THE SAILLIONALL AVAIEDRA LLO			Name				
THE MILLHORN LAW FIRM, LLC 13710 US HIGHWAY 441			Street Address (P.O. Box Number is Not Ad		ceptable)		
SUITE 100	O (E, FL 32159						
_	•		City		FL Zip Cod	 ie	
SIGNATURE.	Signature, typed or printed name of registered agents. E NOWIII FER IS \$150,00 ay 1, 2007 Fee will be \$550	9. Election Camp		5.00 May Be	DATE		
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Co	aign Financing \$	5.00 May Be dded to Fees		S IN 11	
· FIL	E NOWIII FEE IS \$150.00	9. Election Camp Trust Fund Co	aign Financing \$ antribution. Ac	5.00 May Be dded to Fees ADDITIONS/CHANGES	DATE TO OFFICERS AND DIRECTOR	S IN 13	
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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 intigee 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

SIGNATURE:

TITLE

NAME

MLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TOWARD AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO SEE TO THE TOWARD OFFICER OR DIRECTOR

TO SEE TO THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO SEE TO THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR