

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095659

FILED
Mar 10, 2009
Secretary of State

Entity Name: HOLISTIC HEALTH JENSEN, INC

Current Principal Place of Business:

44 SW ALBANY AVE.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

44 SW ALBANY AVE.
STUART, FL 34994

New Mailing Address:

3304 SE GUINEVERE LANE
PORT SAINT LUCIE, FL 34952

FEI Number: 20-5677038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRONG, JANET A
3203 NE MAPLE AVE
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

BERRONG, JANET A
3304 SE GUINEVERE LANE
PORT SAINT LUCIE, FL 34952 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: JANET A. BERRONG

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERRONG, JANET A
Address: 3203 NE MAPLE AVE
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERRONG, JANET A
Address: 3304 SE GUINEVERE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: JANET A. BERRONG

OFFI

03/10/2009

Electronic Signature of Signing Officer or Director

Date