

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143738

FILED  
Aug 10, 2007  
Secretary of State

**Entity Name:** HEALTHY START OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

6811 S. HIMES AVENUE  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

6811 S. HIMES AVENUE  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:** 20-5856817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DILLON, JENNIFER  
6811 S. HIMES AVENUE  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DILLON, JENNIFER  
Address: 6811 S. HIMES AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: DILLON, KEVIN J  
Address: 6811 S. HIMES AVE  
City-St-Zip: TAMPA, FL 33611 US

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:** JENNIFER DILLON

PRES

08/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date