

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90021 026 \*\*\*150.00

DOCUMENT # P07000032959

1. Entity Name  
HEALTHY COOK'N, INC.



Principal Place of Business  
5625 DIXIE DRIVE SUITE 8  
PENSACOLA, FL 32503

Mailing Address  
5625 DIXIE DRIVE SUITE 8  
PENSACOLA, FL 32503

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

HEALTHY COOK'N INC  
SUITE # 8

3. Mailing Address

5625 DIXIE DR  
SUITE # 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL  
32503

City & State

PENSACOLA FL  
32503

Country

USA

Country

USA



01032008

Chg-P

CR2E034 (12/06)

4. FEI Number

11-3808017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, DAVID D  
5625 DIXIE DRIVE SUITE 8  
PENSACOLA, FL 32503

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

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

(NOTE: Registered Agent signature required when reinstating)

4-11-08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P/D  
NAME CLARK, DAVID D  
STREET ADDRESS 2708 ROCKY CREEK DRIVE  
CITY-ST-ZIP MANSFIELD, TX 76063 ☐ Delete

TITLE VP/D  
NAME CLARK, CHERYL A  
STREET ADDRESS 2708 ROCKY CREEK DR  
CITY-ST-ZIP MANSFIELD, TX 76063 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 life empowered.

SIGNATURE:

David D Clark

DAVID D CLARK

4-11-08

850-494-2531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #