

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063178

FILED
Apr 27, 2009
Secretary of State

Entity Name: NATURAL VISIONS HOLISTIC HEALTH, INC.

Current Principal Place of Business:

1715 S. HUBERT AVENUE
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

1715 S. HUBERT AVENUE
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 42-1730228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOONOVER, LARRY F
1715 S. HUBERT AVENUE
TAMPA, FL 33629 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHOONOVER, LARRY F
Address: 1715 S. HUBERT AVENUE
City-St-Zip: TAMPA, FL 33629 US

Title: VP () Delete
Name: SCHOONOVER, PEGGY K
Address: 1715 S. HUBERT AVENUE
City-St-Zip: TAMPA, FL 33629 US

Title: T () Delete
Name: SCHOONOVER, HOLLY D
Address: 4005 FIG ST.
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: SCHOONOVER, ERIK N
Address: 4207 S DALE MABRY HWY #11208
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LARRY SCHOONOVER

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date