

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000074865

FILED  
Apr 06, 2010  
Secretary of State

Entity Name: HEALTH AND ABUNDANCE, INC.

## Current Principal Place of Business:

652 S.W. PAAR DRIVE  
PORT ST. LUCIE, FL 34953 US

## New Principal Place of Business:

## Current Mailing Address:

652 S.W. PAAR DRIVE  
PORT ST. LUCIE, FL 34953 US

## New Mailing Address:

FEI Number: 27-1017196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COSSIN, DANIELLE M  
652 S.W. PAAR DRIVE  
PORT ST. LUCIE, FL 34953 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  
Name: COSSIN, DANIELLE M  
Address: 652 S.W. PAAR DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP  
Name: THOMPSON, SUMMER H  
Address: 652 S.W. PAAR DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP  
Name: MANOCHIO, NANCY E  
Address: 100 CAMINO DEL RIO  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

I hereby 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 all other like empowered.

SIGNATURE: SUMMER H THOMPSON

VP

04/06/2010

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

\_\_\_\_\_  
Date