

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088019

Entity Name: HOUSE HEALERS, INC.

FILED  
Feb 04, 2008  
Secretary of State

## Current Principal Place of Business:

13302 MORAN DR.  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

13302 MORAN DR.  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 59-3289160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.  
465 S VOLUSIA AV, SUITE C  
ORANGE CITY, FL 32763 US

## Name and Address of New Registered Agent:

HAYGOOD, JAMES G PRES.  
13302 MORAN DRIVE  
TAMPA, FL 33618 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: JAMES GREGORY HAYGOOD

02/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: HAYGOOD, JAMES G  
Address: 13302 MORAN DR.  
City-St-Zip: TAMPA, FL 33618

Title: V ( ) Delete  
Name: WARNANDEZ, JAVIER  
Address: 3113 W. VILLA ROSA ST  
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: V (X) Change ( ) Addition  
Name: HERNANDEZ, JAVIER  
Address: 3113 W. VILLA ROSA ST  
City-St-Zip: TAMPA, FL 33611

Title: V ( ) Change (X) Addition  
Name: PALERMO, DANIEL J  
Address: 4515 BRAY RD.  
City-St-Zip: TAMPA, FL 33634

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: JAMES GREGORY HAYGOOD

PRES

02/04/2008

Electronic Signature of Signing Officer or Director

Date