

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000088019

**Entity Name:** HOUSE HEALERS, INC.

**FILED**  
**Apr 21, 2011**  
**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:**

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

**OFFICERS AND DIRECTORS:**

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

Title: V  
Name: HERNANDEZ, JAVIER  
Address: 3905 W. OBISBO STR.  
City-St-Zip: TAMPA, FL 33629

Title: V  
Name: STEWART, JEFF  
Address: 9102 TALINA LANE  
City-St-Zip: TAMPA, FL 33637

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: JAMES G. HAYGOOD

PRES

04/21/2011

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

\_\_\_\_\_  
Date