

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91211 020 ***150.00

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| DOCUMENT # P95000017074 | | | |
| 1. Entity Name HEALTHYHOME.COM, INC. | | | |
| Principal Place of Business 2435 9 STREET NORTH SAINT PETERSBURG, FL 33704 US | | Mailing Address 2435 9 STREET NORTH SAINT PETERSBURG, FL 33704 US | |
| 2. Principal Place of Business 2435 Dr. MLK Jr. St N Suite, Apt. #, etc. | | 3. Mailing Address 2435 Dr. MLK Jr. St N Suite, Apt. #, etc. | |
| City & State St. Petersburg FL Zip: 33704 County: US | | City & State St. Petersburg FL Zip: 33704 Country: US | |
| 4. FEI Number 59-3304149 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent INGRAM, KAREN R. 728 68TH AVE SOUTH SAINT PETERSBURG, FL 33705 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: | |
| TITLE P NAME INGRAM, KAREN STREET ADDRESS 728 68TH AVE SOUTH CITY-ST-ZIP SAINT PETERSBURG, FL 33705 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE C NAME SANDERSON, ROBERT STREET ADDRESS 288 BEACH DRIVE CITY-ST-ZIP SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE S NAME CHASM, THOMAS STREET ADDRESS 2512 LYNN LAKE CIRCLE S, APT A CITY-ST-ZIP SAINT PETERSBURG, FL 33712 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered. | | | |
| SIGNATURE: | | 4-30-04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |