

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000051999

1. Entity Name
**HEALTHY HOME OF ALLERGY & INDOOR AIR
POLLUTION PRODUCTS, INC.**



Principal Place of Business

**4211 E BUSCH BLVD
STE G
TAMPA, FL 33617 US**

Mailing Address

**4211 E BUSCH BLVD
STE G
TAMPA, FL 33617 US**



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3385101

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUDSON, LINDA A
4211 E BUSCH BLVD
STE G
TAMPA, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U00000526652
05/04/06-80083-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HUDSON, MIKE W
4211 E BUSCH BLVD, STE G
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HUDSON, LINDA A
4211 E BUSCH BLVD, STE G
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HUDSON, LINDA A
4211 E BUSCH BLVD, STE G
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SMITH-HUDSON, KIRBY B
5620 EAST FOWLER AVENUE, UNIT D
TEMPLE TERRACE, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/06