


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90226 019 ***150.00

DOCUMENT # P97000025436	
1. Entity Name HEALTHY STAR PROMOTERS, INC.	

Principal Place of Business 7780 A1A S UNIT 412 SAINT AUGUSTINE, FL 32080	Mailing Address 7780 A1A S UNIT 412 SAINT AUGUSTINE, FL 32080
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CHANGE ADDRESS

2. Principal Place of Business - No P.O. Box # 7857 A1A S	3. Mailing Address 7857 A1A S
Suite, Apt. #, etc. 7857 A1A S	Suite, Apt. #, etc. 7857 A1A S
City & State ST. AUGUSTINE, FL.	City & State ST. AUGUSTINE, FL.
Zip 32080	Zip 32080
Country USA	Country USA



04232007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3439286	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 BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 N LAURA STREET SUITE 2750 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P MILLER, JOHN R 7780 A1A S UNIT 412 SAINT AUGUSTINE, FL 32080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P JOHN R. MILLER 7857 A1A S ST AUGUSTINE, FL. 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MILLER, JUDY S 7780 A1A S UNIT 412 SAINT AUGUSTINE, FL 32080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JUDY S. MILLER 7857 A1A S ST. AUGUSTINE, FL. 32080
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 reports 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

4-23-07 904-471-6097

Date

Daytime Phone #