
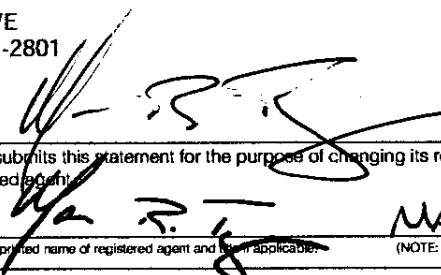
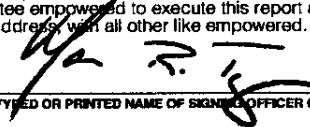


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90457 030 \*\*\*158.75

<b>DOCUMENT # P99000080896</b> 1. Entity Name <b>THE HEALING GROUNDS INC.</b>					
Principal Place of Business <b>181 SOUTH BAY BLVD</b> <b>SUITE A-4</b> <b>ANNA MARIA, FL 34216</b>			Mailing Address <b>1425 OAKFIELD DRIVE</b> <b>BRANDON, FL 33511-2801 US</b>		
2. Principal Place of Business <i>1425 Oakfield Dr.</i>		3. Mailing Address <i>Same as Above</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Brandon, FL</i>		City & State 		4. FEI Number <b>65-0948614</b>	
Zip <b>33511</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TAYLOR, MARIRA R</b> <b>1425 OAKFIELD DRIVE</b> <b>BRANDON, FL 33511-2801</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   </div> <div style="width: 40%; text-align: center;"> <i>Marina R. Taylor President</i>            (NOTE: Registered Agent signature required when reinstating)         </div> <div style="width: 20%; text-align: right;">           DATE         </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TAYLOR, MARINA R</b> <b>1425 OAKFIELD DRIVE</b> <b>BRANDON, FL 33511</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <i>Marina R. Taylor Pres.</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR				Date Daytime Phone # <b>813-689-4232</b>	