


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000083988 1. Entity Name HEALTH COACH PLUS ..., INC.	
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Principal Place of Business 9621 OJUS DR TAMPA, FL 33617	Mailing Address 9621 OJUS DR TAMPA, FL 33617
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DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-3599608

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEERMAN, TRUDY MARLEY
9621 OJUS DR
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 *JASB* (NOTE: Registered Agent signature required when reinstating) DATE 4/28/06

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

U000000560072
05/18/06-80024-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEERMAN, DENNIS S 9621 OJUS DR TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BEERMAN, TRUDY M 9621 OJUS DR TAMPA, FL 33617
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *JASB* 4/28/06 (813) 983 0879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #