

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90259 008 ***150.00

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1. Entity Name

SPECIALTY NUTRITION PRODUCTS, INC.



Principal Place of Business

**ISLAND JUICE & JAVA
 3174 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228**

Mailing Address

**3174 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0972913

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNLAP, SCOTT
 22 S. LINKS AVE.
 SARASOTA FL 34236**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004: Fee will be \$550.00

4/30

Make Check Payable to Florida Department of State

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 Delete
 NAME **D APPEL, ANTHONY W**
 STREET ADDRESS **623 CEDARS CT**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME **3111 BAYOU SOUND**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D APPEL, SUSAN M**
 STREET ADDRESS **623 CEDARS CT**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME **3111 BAYOU SOUND**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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: Susan M. Appel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/04 941-387-1441
 Date Daytime Phone #