

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021979

FILED
May 03, 2009
Secretary of State

Entity Name: NUANCE INGREDIENTS INCORPORATED

Current Principal Place of Business:

310 VIRGINIA AVE.
CLARKSVILLE, VA 23927

New Principal Place of Business:

310
CLARKSVILLE, VA 23927

Current Mailing Address:

PO BOX 1734
CLARKSVILLE, VA 23927

New Mailing Address:

FEI Number: 59-3629847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, MARTIN CPA
226 LAKEBREEZE CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: COOK, KELLY
Address: P.O. BOX 1734
City-St-Zip: CLARKSVILLE, VA 23927

Title: VP (X) Delete
Name: BAUMIER, RICK
Address: 310 VIRGINIA AVE.
City-St-Zip: CLARKSVILLE, VA 23927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY COOK

PRES

05/03/2009

Electronic Signature of Signing Officer or Director

Date