


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V14123**  
1. Entity Name  
**BULK-N-NATURAL FOODSTORE, INC.**



Principal Place of Business  
**3737 BAHIA VISTA STREET  
SARASOTA, FL 34232**

Mailing Address  
**3737 BAHIA VISTA STREET  
SARASOTA, FL 34232**

**DO NOT WRITE IN THIS SPACE**



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0316518</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GRABER, DAVID L.  
448 GOLDEN SANDS DRIVE  
SARASOTA, FL 34232**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABER, DAVID L. 448 GOLDEN SANDS DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABER, MIRIAM 448 GOLDEN SANDS DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEPP, LOVINA FERN 1091 ANNIE LAURIE LN SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

10000183848  
01/25/05-80076-023 150.00

**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:** Lovina Knepp **1-20-05** **941-957-0595**

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