

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62916

Entity Name: NUTRI-SOURCE, INC.

FILED  
Jan 04, 2008  
Secretary of State

## Current Principal Place of Business:

%W MICHAEL LITVANY  
515 JENNIFER LANE  
WINDERMERE, FL 34786 US

## New Principal Place of Business:

## Current Mailing Address:

%W MICHAEL LITVANY  
515 JENNIFER LANE  
WINDERMERE, FL 34786 US

## New Mailing Address:

FEI Number: 59-3024933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LITVANY, WILLIAM M PRESIDE  
515 JENNIFER LANE  
WINDERMERE, FL 34768 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LITVANY, WILLIAM M PRESIDE  
Address: 515 JENNIFER LANE  
City-St-Zip: WINDERMERE, FL 34786 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM M. LITVANY

PRES

01/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date