

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 666655

**Entity Name:** NUTRILAWN, INC.

**Current Principal Place of Business:**

380 DOUGLAS ROAD E  
SUITE 6  
OLDSMAR, FL 34677

**Current Mailing Address:**

P.O. BOX 3268  
GAINESVILLE, GA 30503 US

**FEI Number:** 59-1988330

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHINAFELT, TERRY L  
380 DOUGLAS ROAD E, SUITE 6  
OLDSMAR, FL 34677 US

*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

**Officer/Director Detail :**

Title	PST	Title	VD
Name	SHINAFELT, TERRY L.	Name	SHINAFELT, TERRY L
Address	4342 WILLOW OAK DR	Address	4342 WILLOW OAK DR
City-State-Zip:	GAINESVILLE GA 30506	City-State-Zip:	GAINESVILLE GA 30506

*I hereby 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 all other like empowered.*

**SIGNATURE:** TERRY L SHINAFELT

**PRESIDENT**

**02/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date