

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G18119

**FILED  
Mar 28, 2016  
Secretary of State  
CC4700807869**

**Entity Name:** NATURE'S TABLE, INC.

**Current Principal Place of Business:**

1700 W. NEWHAVEN  
#401  
MELBOURNE, FL 32904

**Current Mailing Address:**

545 DELANEY AVE #2  
ORLANDO, FL 32801 US

**FEI Number:** 59-2287537

**Certificate of Status Desired:** No

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

WAGNER, RICHARD  
4190 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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 VPD  
Name LARSEN, RICHARD  
Address 275 BAYOU CIR  
City-State-Zip: DEBARY FL

Title STD  
Name LARSEN, BARBARA  
Address 275 BAYOU CIR  
City-State-Zip: DEBARY FL

Title DP  
Name WAGNER, RICHARD  
Address 4190 S TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL

Title VP  
Name WAGNER, PAIGE AMISS  
Address 4190 S. TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

*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:** RICHARD L WAGNER

**PRESIDENT**

**03/28/2016**

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

\_\_\_\_\_  
Date