

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000041690

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**8357207961CC**

**Entity Name:** ALIVE BY NATURE INC

**Current Principal Place of Business:**

2574 WHISPERING PINES DR  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

2574 WHISPERING PINES DR  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 26-4831227

**Certificate of Status Desired:** No

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

BOOKKEEPER, BONNIE JNETTLES  
2574 WHISPERING PINES DR  
FLEMING ISLAND, FL 32003 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 P  
Name NETTLES, BRYAN E  
Address 5240 E LAKESHORE DR  
City-State-Zip: SAN RAMON CA 94582

Title VP  
Name NETTLES, BRYAN E  
Address 5240 E LAKESHORE DR  
City-State-Zip: SAN RAMON CA 94582

Title T  
Name NETTLES, BRYAN E  
Address 5240 E LAKESHORE DR  
City-State-Zip: SAN RAMON CA 94582

*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:** BRYAN E NETTLES

**PRESIDENT**

**02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date