

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000022865

Entity Name: VITALIZE NUTRITION, INC.

Current Principal Place of Business:

4414 SW COLLEGE RD
SUITE 1520
OCALA, FL 34474

Current Mailing Address:

4940 SW 55TH PL
OCALA, FL 34474

FEI Number: 27-2127221

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWENS, DUSTIN AVP
4940 SW 55TH PL
OCALA, FL 34474 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	Title	VP
Name	OWENS, CARA M	Name	OWENS, DUSTIN A
Address	4940 SW 55TH PL	Address	4940 SW 55TH PL
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474

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: CARA OWENS

PRESIDENT

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date