

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000025744

**Entity Name:** BARRY & ASSOCIATES NUTRITION, INC.

**Current Principal Place of Business:**

201 WEEPING ELM LANE  
LONGWOOD, FL 32779

**Current Mailing Address:**

201 WEEPING ELM LANE  
LONGWOOD, FL 32779

**FEI Number:** 46-2438015

**Certificate of Status Desired:** No

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

BARRY, YANIRA L  
201 WEEPING ELM LANE  
LONGWOOD, FL 32779 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 BARRY, YANIRA L  
Address 201 WEEPING ELM LANE  
City-State-Zip: LONGWOOD FL 32779

Title T  
Name BARRY, MICHAEL J  
Address 201 WEEPING ELM LANE  
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR  
Name BARRY, YANIRA L  
Address 201 WEEPING ELM LANE  
City-State-Zip: LONGWOOD FL 32779

Title S  
Name BARRY, MICHAEL J  
Address 201 WEEPING ELM LANE  
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR  
Name BARRY, MICHAEL J  
Address 201 WEEPING ELM LANE  
City-State-Zip: LONGWOOD FL 32779

*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:** YANIRA L. BARRY

**PRESIDENT**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date