2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 404544

Name:

Address:

City-St-Zip:

ROBISON, DAVID LANCE

9501 ARLINGTON EXPWY

JACKSONVILLE, FL 00000,

Entity Name: REGENCY HEALTH FOODS, INC

FILED Apr 23, 2009 Secretary of State

	mer receive	71112/12/11/1 0000, 1140.		
Current Principal Place of Business:			New Principal Place of Business:	
	NGTON EXPY IVILLE, FL 322			
Current Mailing Address:			New Mailing Address:	
	NGTON EXPY IVILLE, FL 322			
FEI Number	: 59-1401467	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
9501 ARLI JACKSON The above	, JAMES E NGTON EXP\ IVILLE, FL 32: named entity e of Florida.	211 US	purpose of changing its registere	d office or registered agent, or both,
SIGNATU				
Election Car		nic Signature of Registered Ag g Trust Fund Contribution ().	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (ROBISON, JAN 9501 ARLINGT JACKSONVILL	ON EXPWY	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	STD (ROBISON, ELI 9501 ARLINGT JACKSONVILL	ON EXPWY	Title: Name: Address: City-St-Zip:	() Change () Addition
Title [.]	VPD () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES E. ROBISON PRES 04/23/2009