

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 650073**

1. Entity Name

DIETETIC SERVICES, INC.



Principal Place of Business

108 DOLPHIN DR  
OCEAN RIDGE FL 33435  
US

Mailing Address

108 DOLPHIN DR  
OCEAN RIDGE FL 33435  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1955843

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, MAURO J  
108 DOLPHIN DR  
OCEAN RIDGE FL 33435

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WALKER, JULIA  
STREET ADDRESS 108 DOLPHIN DR  
CITY-STATE-ZIP OCEAN RIDGE FL

☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
U00000491965  
04/19/06-80047-004 150.00

TITLE VST ☐ Delete  
NAME WALKER, MAURO J.  
STREET ADDRESS 108 DOLPHIN DR  
CITY-STATE-ZIP OCEAN RIDGE FL

☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME WALKER, MAURO J.  
STREET ADDRESS 108 DOLPHIN DR  
CITY-STATE-ZIP OCEAN RIDGE FL

☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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CITY-STATE-ZIP

☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*MAURO J. WALKER VST*

4/3/06

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