

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90055 035 \*\*\*150.00

**DOCUMENT # 660861**

1. Entity Name  
**NUTRITION COTTAGE, INC.**



Principal Place of Business  
**407 E ATLANTIC AVE  
DELRAY BCH, FL 33483**

Mailing Address  
**407 E ATLANTIC AVE  
DELRAY BCH, FL 33483**



02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1989047**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**STOWE, MARK  
411 E ATLANTIC AVENUE  
SUITE 4  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

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]*

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

(NOTE: Registered Agent signature required when reappointing)

*3/1/07*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	STOWE, R MARK
STREET ADDRESS	407 E ATLANTIC AVE
CITY- ST- ZIP	DELRAY BCH, FL 33483
TITLE	DST
NAME	STOWE, KAREN
STREET ADDRESS	407 E. ATLANTIC AVE
CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	DV
NAME	BLACK, ALLISON ANN
STREET ADDRESS	357 VALLEY FORGE
CITY- ST- ZIP	WEST PALM BEACH, FL 33405
TITLE	DV
NAME	STOWE, JR., RICHARD MARK
STREET ADDRESS	30 NW 11TH ST
CITY- ST- ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*[Signature]*  
**(R-MARK STOWE)** 3/7/07