

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000001380

1. Entity Name
METAGENICS, INC.



Principal Place of Business

**100 AVENIDA LA PATA
SAN CLEMENTE, CA 92673**

Mailing Address

**100 AVENIDA LA PATA
SAN CLEMENTE, CA 92673**



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3841881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KATKE, JEFFREY J
STREET ADDRESS	100 AVENIDA LA PATA
CITY - ST - ZIP	SAN CLEMENTE, CA 92673
TITLE	P
NAME	BLAND, JEFFREY
STREET ADDRESS	5800 SOUNDVIEW DR, BLDG B
CITY - ST - ZIP	GIG HARBOR, WA 98335
TITLE	V
NAME	MOORE, CARL M
STREET ADDRESS	100 AVENIDA LA PATA
CITY - ST - ZIP	SAN CLEMENTE, CA 92673
TITLE	ST
NAME	MOREY, JERRY
STREET ADDRESS	100 AVENIDA LA PATA
CITY - ST - ZIP	SAN CLEMENTE, CA 92673
TITLE	V
NAME	MOORE, JANICE M
STREET ADDRESS	100 AVENIDA LA PATA
CITY - ST - ZIP	SAN CLEMENTE, CA 92673
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/02/04-80010-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janice Moore Janice Moore 7/27/04 (949)366-0818