

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000005716

1. Entity Name
VITACOST.COM, INC.



Principal Place of Business
2055 HIGH RIDGE ROAD
BOYNTON BEACH, FL 33426

Mailing Address
2055 HIGH RIDGE ROAD
BOYNTON BEACH, FL 33426



07272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1333024

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, RICHARD CFO
2055 HIGH RIDGE RD
BOYNTON BEACH, FL 33426

**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)

U00000573115
08/02/06-80003-001 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

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	PD
NAME	JOSEPHS, ALLEN S
STREET ADDRESS	2055 HIGH RIDGE ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	ST
NAME	SMITH, RICHARD
STREET ADDRESS	2055 HIGH RIDGE WOOD
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	ST
NAME	IIFELD, DAVID
STREET ADDRESS	2055 HIGH RIDGE RD
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	CD
NAME	GORSEK, WAYNE F
STREET ADDRESS	2055 HIGH RIDGE ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/2006

561-752-8888

Day

Daytime Phone #

X223