

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90004 034 ***150.00

DOCUMENT # F00000006729

1. Entity Name
NSPIRED NATURAL FOODS, INC.



Principal Place of Business
**14855 WICKS BLVD.
SAN LEANDRO, CA 94577**

Mailing Address
**14855 WICKS BLVD.
SAN LEANDRO, CA 94577**

50002416



2. Principal Place of Business
1850 Fairway Drive
Suite, Apt. #, etc.

3. Mailing Address
1850 Fairway Drive
Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State
San Leandro, CA

City & State
San Leandro, CA

4. FEI Number
93-1273484

Applied For
Not Applicable

Zip Country
94577 USA

Zip Country
94577 USA

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 10

TITLE **P** ☒ Delete
NAME **PRITCHARD, GIL**
STREET ADDRESS **2486 SUNSET TERRACE**
CITY-ST-ZIP **PETALUMA, CA 94954**

TITLE **P** ☐ Change ☒ Addition
NAME **Charles Lynch**
STREET ADDRESS **333 Ravenswood Ave. Ste. AC320**
CITY-ST-ZIP **Menlo Park, CA 94205**

TITLE **ST** ☒ Delete
NAME **DEVAN, ROBERT**
STREET ADDRESS **14855 WICKS BLVD**
CITY-ST-ZIP **SAN LEANDRO, CA 94577**

TITLE **V** ☐ Change ☒ Addition
NAME **Robin Robinson**
STREET ADDRESS **1361 Yosemite Circle**
CITY-ST-ZIP **Clayton, CA 94517**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Change ☒ Addition
NAME **Randy Sieve**
STREET ADDRESS **4920 Redwood Ave.**
CITY-ST-ZIP **Dublin, CA 94568**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

01/05/05 **510-346-3866**
Date Daytime Phone #