

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90046 025 ***150.00

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1. Entity Name
NSPIRED NATURAL FOODS, INC.

Principal Place of Business
**1850 FAIRWAY DRIVE
SAN LEANDRO, CA 94577**

Mailing Address
**1850 FAIRWAY DRIVE
SAN LEANDRO, CA 94577**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008 Chg-P CR2E034 (12/06)

4. FEI Number

93-1273484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LYNCH, CHARLES**
STREET ADDRESS **333 RAVENSWOOD AVE, STE AC320**
CITY-ST-ZIP **MENLO PARK, CA 94205**

TITLE **V** ☒ Delete
NAME **ROBINSON, ROBIN**
STREET ADDRESS **1361 YOSEMITE CIRCLE**
CITY-ST-ZIP **CLAYTON, CA 94517**

TITLE **ST** ☐ Delete
NAME **SIEVE, RANDY**
STREET ADDRESS **4920 REDWOOD AVE**
CITY-ST-ZIP **DUBLIN, CA 94568**

TITLE **P** ☐ Delete
NAME **CHAPPLE, GORDON**
STREET ADDRESS **1880 ROCKSPING PL**
CITY-ST-ZIP **WALNUT CREEK, CA 94596**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **V** ☐ Change ☒ Addition
NAME **Paul Vlahos**
STREET ADDRESS **875A Island Drive #287**
CITY-ST-ZIP **Alameda, CA 94502**

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

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

TITLE ☐ Change ☐ Addition
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 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:

Randy Sieve

Randy Sieve

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/07

Date

510-346-3866

Daytime Phone #