

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90038 005 ***158.75

DOCUMENT # F94000003440

1. Entity Name
NUTRITIONAL SOURCING CORPORATION



Principal Place of Business
**1300 N.W. 22ND STREET
ATTN : TAX DEPT.
POMPAÑO BEACH, FL 33069**

Mailing Address
**1300 N.W. 22ND STREET
ATTN : TAX DEPT.
POMPAÑO BEACH, FL 33069**

40021930



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0415593

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PALEY, ALAN D
1300 NW 22ND ST
POMPAÑO BCH, FL 33069**

**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
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	PCEO
NAME	KEON, WILLIAM T. III
STREET ADDRESS	1300 NW 22ND ST
CITY - ST - ZIP	POMPAÑO BEACH, FL
TITLE	EVP
NAME	O'LEARY, DANIEL J
STREET ADDRESS	1300 N.W. 22ND ST.
CITY - ST - ZIP	POMPAÑO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: Daniel J. O'Leary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08 (954) 977 2500
Date Daytime Phone #