

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-11-2008 90053 037 ***150.00

DOCUMENT # G47260 1. Entity Name NATURAL BRANDS, INC.					
Principal Place of Business 8511 CEDAR COVE CT ORLANDO, FL 32819 US			Mailing Address NATURAL BRANDS, INC. 8511 CEDAR COVE CT. ORLANDO, FL 32819 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2341235	
Zip	Country	Zip	Country	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	
MCLAUGHLIN, DOROTHY A 8511 CEDAR COVE COURT ORLANDO, FL 32819				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 <u><i>Dorothy A. McLaughlin</i></u> DOROTHY A. MCLAUGHLIN , PDTS. <u>2/6/2008</u> 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS MCLAUGHLIN, DOROTHY A 8511 CEDAR COVE COURT ORLANDO, FL 32819	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUCHESNEAU, DONALD A 8511 CEDAR COVE COURT ORLANDO, FL 32819	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <u><i>Dorothy A. McLaughlin</i></u> 2/6/2008 (407) 227 6221 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					