

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74616

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NATURE'S WAY OF BREVARD COUNTY, INC.

**Current Principal Place of Business:**

1564 NE FLAG DR.  
PALM BAY, FL 32905 BR

**New Principal Place of Business:**

1564 FLAG DR. NE  
PALM BAY, FL 32905 BR

**Current Mailing Address:**

1564 NE FLAG DR.  
PO BOX 060113  
PALM BAY, FL 329067113

**New Mailing Address:**

P.O. BOX 060113  
PALM BAY, FL 329067113

**FEI Number:** 59-2342151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAHN, MICHAEL H.  
494 N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GERHKE II, MARSHALL F PRES  
Address: 1564 FLAG DR. NE  
City-St-Zip: PALM BAY, FL 32905 US

Title: SD  
Name: GERHKE, KARIN M SECRETA  
Address: 1564 FLAG DR. NE  
City-St-Zip: PALM BAY, FL 32905 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARSHALL F GERHKE II

PRES

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date