2005 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 16, 2005 8:00 am
Secretary of State
02-23-2005 90066 044 ***150.00

DOCUMENT # J51530

1. Entity Name
NATURE'S FOOD PATCH, INC.

Principal Place of Business	Mailing Address
1225 CLEVELAND ST. CLEARWATER, FL 33755 US	1225 CLEVELAND ST. CLEARWATER, FL 33755 US

66005642

01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2758834
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POWERS, LAURIE
1225 CLEVELAND ST.
CLEARWATER, FL 33755

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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: Laurie Powers
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

TITLE	V
NAME	AMORT, DONALD C
STREET ADDRESS	712 CRABTREE DRIVE
CITY-ST-ZIP	ARLINGTON HGHTS, FL 60004
TITLE	P
NAME	SCHMIDT, ARLETTE
STREET ADDRESS	4965 STONELEIGH PLACE
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	S
NAME	POWERS, LAURIE
STREET ADDRESS	409 GEORGETOWN PLACE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
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 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: Laurie Powers Secretary 3/14/05 727-726-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #