# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 24, 2008**
**Secretary of State**

DOCUMENT# J54082

**Entity Name:** NATURES TABLE FRANCHISE COMPANY

**Current Principal Place of Business:**

300 S.ORANGE AVE
1200-A
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 S. ORANGE AVE
1200-A
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number: 59-2845967** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LARSEN, RICHARD
275 BAYOU CIRCLE
DE BARY, FL 32713 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: LARSEN, RICHARD
Address: 275 BAYOU CIRCLE
City-St-Zip: DEBARY, FL 32713 US

Title: DV ( ) Delete
Name: WAGNER, RICHARD
Address: 4190 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL US

Title: V ( ) Delete
Name: BUFFALO, BRYAN
Address: 1018 DUNHURST CT.
City-St-Zip: LONGWOOD, FL 32779 US

Title: ST ( ) Delete
Name: LARSEN, BARBARA R
Address: 275 BAYOU CIRCLE
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA LARSEN DIR 01/24/2008

Electronic Signature of Signing Officer or Director Date