


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # K43422 1. Entity Name DIETARY SOFTWARE, INC. |  |
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| Principal Place of Business 1715 COUNTRY WALK DR ORANGE PARK, FL 32073-7220 US | Mailing Address 1715 COUNTRY WALK DR ORANGE PARK, FL 32073 US |
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03292004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 58-2929463 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**WILNER, MERRIE M
1715 COUNTRY WALK DR
ORANGE PARK, FL 32073**

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 *Merrie M. Wilner* 3/25/04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's license required when certifying) DATE

**FILE NOW!! FEE IS \$180.00
After May 1, 2004 Fee will be \$660.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS WILNER, MERRIE M. 1715 COUNTRY WALK DR ORANGE PARK, FL 32073 |
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03/29/04-80040-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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: *Merrie M. Wilner* 3/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)