


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90017 026 \*\*\*150.00

<b>DOCUMENT # K43422</b> 1. Entity Name DIETARY SOFTWARE, INC.					
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		
2. Principal Place of Business 1623 Avoca Pl		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville FL 32207		City & State		4. FEI Number 59-2929463	
Zip 32207		Country USA		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 DRY ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name: Merrie M. Wilner Street Address (P.O. Box Number is Not Acceptable): 1623 Avoca Pl City: Jacksonville FL Zip Code: 32207		
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>Merrie Wilner</u> DATE: <u>3/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPTS WILNER, MERRIE M 1715 COUNTRY WALK DR ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS WILNER, MERRIE M 1715 COUNTRY WALK DR ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
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: <u>Merrie Wilner</u> DATE: <u>3/09/05</u> 904 394-8620 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					