

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90043 045 ***150.00

DOCUMENT # K43422

1. Entity Name
DIETARY SOFTWARE, INC.



Principal Place of Business
1623 AVACA PL
JACKSONVILLE, FL 32207 US

Mailing Address
1715 COUNTRY WALK DR
ORANGE PARK, FL 32073 US

2. Principal Place of Business

923 Point La Vista Rd, N.

3. Mailing Address

923 Point La Vista Rd, N.



02272006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

59-2929463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILNER, MERRIE M
1623 AVACA PLACE
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name
Merrie Wilner

Street Address (P.O. Box Number is Not Acceptable)

923 Point La Vista Road, N.

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPTS
WILNER, MERRIE M.
1715 COUNTRY WALK DR
ORANGE PARK, FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Merrie Wilner
923 Point La Vista Rd, N.
Jacksonville, FL 32207 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Wilner (Merrie Wilner)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06

Date

904-998-5934

Daytime Phone #