2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L70.129 ⋅

1. Entity Name
SOLUTIONS DIET AND NUTRITION CENTER, INC.

Principal Place of Business	Mailing Address
12712 INDIAN ROCKS RD	12712 INDIAN ROCKS RD
LARGO, FL 33774 US	LARGO, FL 33774 US

05042004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3013389	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DASO, RICKY L
12712 INDIAN ROCKS RD
LARGO, FL 33774

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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 _____
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
Due by September 8, 2004

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

In accordance with s. 607-193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	DASO, RICKY L	
STREET ADDRESS	12712 INDIAN ROCKE RD.	
CITY-ST-ZIP	LARGO, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

05/06/04-80026-013 150.00

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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: _____ Rick L. DASO, Pres 5-4-04 595-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #