

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90211 042 ***150.00

DOCUMENT # L78953

1. Entity Name
AMAZON HERB COMPANY



Principal Place of Business

**1002 JUPITER PARK LANE
SUITE 1
JUPITER, FL 33458**

Mailing Address

**1002 JUPITER PARK LANE
SUITE 1
JUPITER, FL 33458**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0199738

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HACKNEY, BOB
4400 PGA BLVD SUITE 505
PALM BEACH GARDENS, FL 33410**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EASTERLING, JOHN
STREET ADDRESS 1002 JUPITER PARK LANE, SUITE 1
CITY - ST - ZIP JUPITER, FL 33458

TITLE D
NAME PERRY, MICHAEL
STREET ADDRESS 1002 JUPITER PARK LANE, SUITE 1
CITY - ST - ZIP JUPITER, FL 33458

TITLE D
NAME NICHOLAS, TED
STREET ADDRESS RUE DU LAC 6 #31 - 1815 CLARENS
CITY - ST - ZIP MONTREAU, SWITZERLAND,

TITLE D
NAME BUTWIN, ROBERT
STREET ADDRESS 1051 SLATE DRIVE
CITY - ST - ZIP SANTA ROSA, CA 95405

TITLE VP
NAME O'DELL, ELAINE
STREET ADDRESS 419 BEACON STREET
CITY - ST - ZIP TEQUESTA, FL 33469

TITLE T
NAME FLATT, THEODORE
STREET ADDRESS 2581 ROBIN CIRCLE
CITY - ST - ZIP PORT SAINT LUCIE, FL 34952

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04