

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90004 013 ***150.00

DOCUMENT # P00000046686

1. Entity Name
THE NATURAL TOUCH OF WINTER PARK, INC.



Principal Place of Business
4968 COURTLAND LOOP
WINTER SPRINGS, FL 32708

Mailing Address
4968 COURTLAND LOOP
WINTER SPRINGS, FL 32708

14023359



06012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3646644
Applied For
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

SUMNER, MICHELLE
4968 COURTLAND LOOP
WINTER SPRINGS, FL 32708

**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
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	D
NAME	SUMNER, MICHELLE
STREET ADDRESS	4968 COURTLAND LOOP
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *Michelle R. Sumner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/04
Date

Daytime Phone #