2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000113890

1. Entity Name
NUTRITION OFFICE CORPORATION



FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90187 041 ***150.00

Principal Plac	e of Business	Mailing Address	Mailing Address			000000				
1318 LAFAY CAPE CORAL	ETTE STREET , FL 33904		1318 LAFAYETTE STREET CAPE CORAL, FL 33904			61	0035884	l .		
						1 10 10 10 10 10	HII OBIH BONK BONK BOL	6 1 61 1 131		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			04292008	Chg-P	CR2E0	34 (12/06)	
City & Stat	e	City & State				4. FEI Number Applied For 65-1060698 Not Applicable				
Zip	Country	Zip	Zip Counti			\$9.75 Additional				
	, ,	,		,		5. Certificate of	Status Desired		Fee Require	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent						
LIII TUO	MAC 144			Name						
HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904				Street Address (P.O. Box Number is Not Acceptable)						
O/11 E 001	, r c 0000-1									
				City FL Zip Code						
	named entity submits this statement fillings of registered agent.	for the purpose of changing it	s register	ed office or	registere	ed agent, or both,	in the State of Flo	orida. I am	familiar with,	and accept
_	e libra or registered agent.									
SIGNATURE.	. Signature, typed or printed name of registered agen	nt and title if applicable. (NC	ITE: Registere	ed Agent signati	ure required v	when reinstating)		DATE		
	•									
	E NOW!!! FEE IS \$150.00		 Election Campaign Finance Trust Fund Contribution. 			OO May Be				
After Ma	ay 1, 2008 Fee will be \$550	.00 Hust rolla Col	na iougion.		Aude	d to rees				
10.	OFFICERS AND	D DIRECTORS	11.	'		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PVDT	Delete	TITL						Change	☐ Addition
NAME	HEIKO, MEYER		NAN							
STREET ADDRESS	1318 LAFAYETTE STREET			EET ADDRESS '-ST-ZIP						į
CITY-ST-ZIP	CAPE CORAL, FL 33904	— — — — — — — — — — — — — — — — — — —								ا
TITLE		☐ Delete	TITL	E e	A	* L	. 1		☐ Change	Addition
NAME STREET ADDRESS				EET ADDRESS	HILL.	THOMAS AFAYETT	w c m			
CITY-SI-ZIP				-ST-ZIP	1216 6	AFR7611	FL 339	ملا		
TITLE		☐ Delete	TITL	.E	C F 13	- CIRAL	(10 339	 	☐ Change	☐ Addition
NAME			NAM							
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP			ÇITY	r-ST-Z1P						
TITLE		☐ Delete	TITL	E					☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

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NAME

TITLE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

These W Shall signature and typed or printed name of signing officer or director

Thomas W. Hill

4/24/08

239-543-2440

☐ Change

☐ Change

Addition

Addition