


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000002138 1. Entity Name D&A NUTRITION'S HEALTHSTOP #1, INC.	
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Principal Place of Business 1817 SHERWOOD DR. TALLAHASSEE, FL 32304	Mailing Address 1817 SHERWOOD DR. TALLAHASSEE, FL 32304
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08302004 No Chg-P CR2E034 (10/03)

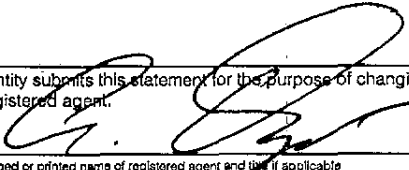
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3503331	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OGDEN, ADAM 1817 SHERWOOD DR. TALLAHASSEE, FL 32304
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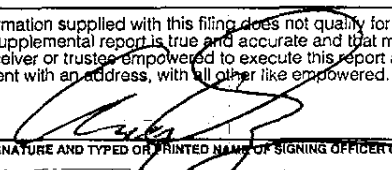
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: <u>Aug 31, 04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OGDEN, ADAM 1817 SHERWOOD DR TALLAHASSEE, FL 32304
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U000000171917 09/03/04-80001-024 150.00
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>Aug 31, 04</u> <small>Daytime Phone #</small>