2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000003414

1. Entity Name
SHO-ME NUTRICEUTICALS ACQUISITION COMPANY

Principal Place of Business	Mailing Address
15431FLIGHT PATH DR BROOKSVILLE, FL 34604	15431FLIGHT PATH DR BROOKSVILLE, FL 34604

07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3692054
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RECKNER, CHRISTOPHER
15431 FLIGHT PATH DRIVE
BROOKSVILLE, FL 34604

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DEMARIA, JAMES
STREET ADDRESS	11036 SPRING HILL DR
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	D
NAME	IRVING, THEODORE
STREET ADDRESS	15431 FLIGHT PATH DR
CITY-ST-ZIP	BROOKSVILLE, FL 34604
TITLE	D
NAME	RECKNER, CHRISTOPHER
STREET ADDRESS	15431 FLIGHT PATH DR
CITY-ST-ZIP	BROOKSVILLE, FL 34604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/08/04-80003-008 150.00

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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: Chris Reckner Chris Reckner 8-27-04 352-797-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #