

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000012548

1. Entity Name
NATURE'S MARKET, INC.



**FILED
Jan 10, 2005 8:00 am
Secretary of State**

01-10-2005 90028 011 ***150.00

40000340



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3715349	Applied For
	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TURGEON, LORRAINE
461 N HARBOR CITY BLVD
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name *Colleen Cramer*

Street Address (P.O. Box Number is Not Acceptable)

461 N Harbor City Blvd

City *Melbourne*

FL *32935*

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

Colleen Cramer

Colleen Cramer VP

1-7-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TURGEON, LORRAINE
STREET ADDRESS 461 N HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE, FL 32935

Delete

TITLE P
NAME Frank Sorum
STREET ADDRESS 461 N Harbor City Blvd
CITY-ST-ZIP Melbourne FL 32935

Change Addition

TITLE VP
NAME CARLUCCI, JOHN
STREET ADDRESS 461 N HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE, FL 32935

Delete

TITLE VP
NAME Colleen Cramer
STREET ADDRESS 461 N Harbor City Blvd
CITY-ST-ZIP Melbourne FL 32935

Change Addition

TITLE S
NAME TURGEON, LORRAINE
STREET ADDRESS 461 N. HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE, FL 32935

Delete

TITLE S
NAME Ann Spurlin
STREET ADDRESS 461 N Harbor City Blvd
CITY-ST-ZIP Melbourne FL 32935

Change Addition

TITLE T
NAME TURGEON, LORRAINE
STREET ADDRESS 461 N. HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE, FL 32935

Delete

TITLE T
NAME Steven Spurlin
STREET ADDRESS 461 N Harbor City Blvd
CITY-ST-ZIP Melbourne FL 32935

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Colleen Cramer

1-7-05

321-254-8688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #