

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-10-2005 90028 011 ***150.00

DOCUMENT # P01000012548

1. Entity Name
NATURE'S MARKET, INC.



Principal Place of Business
**461 N HARBOR CITY BLVD
MELBOURNE, FL 32935**

Mailing Address
**461 N HARBOR CITY BLVD
MELBOURNE, FL 32935**

40000340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3715349

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

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 **Cramer, Colleen**

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

461 N Harbor City Blvd

City **Melbourne**

FL

Zip Code **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

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
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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Frank Sorum**
STREET ADDRESS **461 N Harbor City Blvd**
CITY-ST-ZIP **Melbourne FL 32935**

TITLE **VP** ☒ Change ☐ Addition
NAME **Colleen Cramer**
STREET ADDRESS **461 N Harbor City Blvd**
CITY-ST-ZIP **Melbourne FL 32935**

TITLE **S** ☒ Change ☐ Addition
NAME **Ann Spurlin**
STREET ADDRESS **461 N Harbor City Blvd**
CITY-ST-ZIP **Melbourne FL 32935**

TITLE **T** ☒ Change ☐ Addition
NAME **Steven Spurlin**
STREET ADDRESS **461 N Harbor City Blvd**
CITY-ST-ZIP **Melbourne FL 32935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

Date

321-254-8688

Daytime Phone #