

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043943

FILED
Jan 10, 2005
Secretary of State

Entity Name: NATURAL HEALING OF LEE, INC.

Current Principal Place of Business:

2212 CLEVELAND AVE
FT MYERS, FL 33901

New Principal Place of Business:

2103 WRIGHT STREET
FT MYERS, FL 33916

Current Mailing Address:

P.O. BOX 7021
FT. MYERS, FL 339117021

New Mailing Address:

P.O. BOX 7021
FT. MYERS, FL 33911 70

FEI Number: 65-1118563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISINGER, MICHELLE
2103 WRIGHT STREET
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: REISINGER, MICHELLE
Address: 2103 WRIGHT STREET
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE REISINGER

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

Date