

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90232 009 \*\*\*150.00

**DOCUMENT # P01000083385**



**1. Entity Name**  
ALPHA NUTRITION CENTER, INC.

**Principal Place of Business**  
6119 PARK BLVD.  
PINELLAS PARK, FL 33781

**Mailing Address**  
5925 TERRACE PARK DR NORTH, #203  
ST PETERSBURG, FL 33709

14010892



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3739582

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HESTER, ROBERT C  
5925 TERRACE PARK DR NORTH, #203  
ST PETERSBURG, FL 33709

**DO NOT WRITE  
IN THIS SPACE**

**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**

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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	CAMERON, BEATRICE
<b>STREET ADDRESS</b>	5925 TERRACE PARK DR NORTH, #203
<b>CITY-ST-ZIP</b>	ST PETERSBURG, FL 33709
<b>TITLE</b>	D
<b>NAME</b>	HESTER, ROBERT C
<b>STREET ADDRESS</b>	5925 TERRACE PARK DR NORTH, #203
<b>CITY-ST-ZIP</b>	ST PETERSBURG, FL 33709
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C Hester 4-24-04 1-727-460-6855

Date

Daytime Phone #