2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P0200000135  1. Entity Name					Mar 31, 2004 08:00 AM Secretary of State		
ADL WELLNESS AND HERBS N' MORE, INC.					Secretary of St.		
Principal Place of Business Mailing Address					4		
4353 EDGE ORLANDO	EWATER DRIVE, #3 FL 32804	4353 EDGEWATER DRIVE, #3 ORLANDO FL 32804		3			
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt #, etc.					
3		Suite, Apr. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State			4. FEI Number 75-2984161		olied For Applicable
Zip *	Country Zip C		Coun	try		3.75 Addi e Required	
	6. Name and Address of Current	Registered Agent	3		7. Name and Address of New Registered Age		·
FERRANTE, THOMAS A 1759 FAIRVIEW SHORES DRIVE ORLANDO FL 32804				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	:
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 little if applicable (NOTE, Registered Agent arginature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00							
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					Steetton Campaign Financing     Trust Fund Contribution.		) May Be to Fees
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	IN 11
TITLE	D FERRANTE, THOMAS A	☐ Deleta	Tile	<b>{</b>		Change	Addition
NAME STREET ADDRESS	1759 FAIRVIEW SHORES DRIVE		NAMI STRE	E ET ADDRESS	00000100224 03/31/04-80038-004	יכט מכ	,
City-St-ZIP	ORLANDO FL 32804		3	-ST-ZIP	((3\31\04-80038-604	150.00	į
TITLE	D	☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS	FERRANTE, KATHRYN		NAME	- J			
CITY-ST-ZIP	1759 FAIRVIEW SHORES DRIVE ORLANDO FL 32804			ET ADDRESS -ST-ZIP			
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STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			-	-ST-ZIP			
12. I hereby	certify that the information supplied with	this filing does not qualify for	r the exe	mption stated in Se ture shall have the	ection 119.07(3)(i), Florida Statutes. I further certify same legal effect as if made under oath, that I am	that the in an officer	formation or director
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0). 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							
3.2.300					, ,		

1 Cata SA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Thom

3/18/04 407 297-0772