

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026323

FILED  
Mar 29, 2004  
Secretary of State

Entity Name: AZURA SPECIALTY NUTRITION, INC.

## Current Principal Place of Business:

228 E DUVAL STREET  
LAKE CITY, FL 32055

## New Principal Place of Business:

224 E DUVAL STREET  
LAKE CITY, FL 32055

## Current Mailing Address:

228 E DUVAL STREET  
LAKE CITY, FL 32055

## New Mailing Address:

224 E DUVAL STREET  
LAKE CITY, FL 32055

FEI Number: 03-0465519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAFFORD, FRANK M  
228 E DUVAL STREET  
LAKE CITY, FL 32055 US

## Name and Address of New Registered Agent:

GAFFORD, FRANK M  
224 E DUVAL STREET  
LAKE CITY, FL 32055 US

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:

03/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GAFFON, ANDREAQ NIULE  
Address: 3805 SOUTH FIRST ST. #2  
City-St-Zip: LAKE CITY, FL 32025

Title: VP ( ) Delete  
Name: GAFFORD, JOHN  
Address: 3805 SOUTH FIRST ST. #2  
City-St-Zip: LAKE CITY, FL 32025

Title: S ( ) Delete  
Name: CONNELL, AMANDA  
Address: 3805 SOUTH FIRST ST. #2  
City-St-Zip: LAKE CITY, FL 32025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GAFFORD, ANDREA N  
Address: 224 E. DUVAL ST  
City-St-Zip: LAKE CITY, FL 32025

Title: VP (X) Change ( ) Addition  
Name: GAFFORD, JOHN  
Address: 224 E DUVAL ST  
City-St-Zip: LAKE CITY, FL 32025

Title: S (X) Change ( ) Addition  
Name: CONNELL, AMANDA  
Address: 224 E. DUVAL ST.  
City-St-Zip: LAKE CITY, FL 32025

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: ANDREA NICOLE GAFFORD

PRES

03/29/2004

Electronic Signature of Signing Officer or Director

Date