

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066747

FILED
Jan 13, 2004
Secretary of State

Entity Name: NUTRITION AND WELLNESS CENTER, INC.

Current Principal Place of Business:

9953 W. HILLSBOROUGH AVE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

9953 W. HILLSBOROUGH AVE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 42-7540810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMEO, JOSEPH
8449 FLAGSTONE DRIVE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

AUENTENS, SANRDA
5801 DORY WAY
TAMPA, FL 33615 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: SANDRA AUENTENS

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RADKE, WILLIAM
Address: 5801 DORY WAY
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: AUENTENS, SANDES
Address: 5801 DORY WAY
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP,T (X) Change () Addition
Name: AUENTENS, SANDES
Address: 5801 DORY WAY
City-St-Zip: TAMPA, FL 33615

Title: S () Change (X) Addition
Name: SKIPPER, ADRIENNE
Address: 6352 WEATHERWOOD CIRCLE
City-St-Zip: WESLEY CHAPPEL, FL 33544

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: SANDRA AUENTENS

VP

01/13/2004

Electronic Signature of Signing Officer or Director

Date