

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90334 008 ***150.00

DOCUMENT # P02000109000

1: Entity Name

NATURE'S NATURAL SOLUTIONS, INC.



Principal Place of Business

401-B YELVINGTON AVENUE
CLEARWATER FL 33755

Mailing Address

C/O TEMPLE H DRUMMOND ESQ
6714 113TH AVENUE
TEMPLE TERRACE FL 33617

14014733



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

6325 Jacqueline Arbor Dr.

City & State

City & State

Temple Terrace, FL

Zip

Country

Zip

Country

33617

4. FEI Number

54-2081236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
~~6714 113TH AVENUE~~
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6325 Jacqueline Arbor Drive

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

Temple H. Drummond, Temple H. Drummond

1/22/04

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BRADHAM, CAROLYN
STREET ADDRESS 401-B YELVINGTON AVENUE
CITY-ST-ZIP CLEARWATER FL 33755

TITLE D ☐ Delete
NAME JOHNSON, ALFREDDIE
STREET ADDRESS 401-B YELVINGTON AVENUE
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

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:

Cathy Bradham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

Daytime Phone #