

FILED
Apr 19, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000133803 1. Entity Name NATURES SYMPHONY AROMATHERAPY INC.	
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Principal Place of Business 7845 STANWAY PLACE BOCA RATON, FL 33433-3327	Mailing Address 7845 STANWAY PLACE BOCA RATON, FL 33433-3327
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DO NOT WRITE IN THIS SPACE



04112004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-2270151	Added For Not Added
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**WHIDDEN, JAMES
7845 STANWAY PLACE
BOCA RATON, FL 33433-3327**

**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, name and title of registered agent or director

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$450.00	9. Election Connection Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PO WHIDDEN, GERALDINE 7845 STANNEY PLACE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY ST ZIP	SD WHIDDEN, JAMES 7845 STANNEY PLACE BOCA RATON, FL 33433
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04/19/04-80025-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplements 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.

SIGNATURE: James Whidden
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR