2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State
04-29-2004 90283 048 ***150.00

66423886

MOORE CR2E034 (11/03)

DOCUMENT # P03000023633

1. Entity Name
OPTIMAL NUTRITION INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1474 ANNA MARIA FL 34216	POST OFFICE BOX 1474 ANNA MARIA FL 34216

2. Principal Place of Business	3. Mailing Address
205 115th ST NE	205 115th ST NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON FL	City & State: BRADENTON FL
Zip: 34212 Country: US	Zip: 34212 Country: U.S.

4. FEI Number: 57-1153034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KING, PATRICIA 300 N. 22ND STREET BRADENTON BEACH FL 34217	Name: PATRICIA KING Street Address (P.O. Box Number is Not Acceptable): 205 115th ST NE City: BRADENTON FL Zip Code: 34212

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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P.D NAME: PATRICIA KING STREET ADDRESS: 205 115th ST NE CITY-ST-ZIP: BRADENTON, FL 34212	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Patricia King 4.01.04 (941)7461516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

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#P03000023633