

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90044 016 ***150.00

DOCUMENT # P03000059201

1. Entity Name
FRESH HORIZONS, INC.



Principal Place of Business
**9208 WORLD CUP WAY
PORT ST. LUCIE, FL 34986**

Mailing Address
**9208 WORLD CUP WAY
PORT ST. LUCIE, FL 34986**

34003333

2. Principal Place of Business
10942 SW BLUE MESA WAY
Suite, Apt. #, etc.

3. Mailing Address
10942 SW BLUE MESA WAY
Suite, Apt. #, etc.



02172004 Chg-P CR2E034 (10/03)

City & State
PORT ST. LUCIE, FL
Zip
34987

City & State
PORT ST. LUCIE, FL
Zip
34987

4. FEI Number
73-1669115
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**REICHENBACH, MARK
9208 WORLD CUP WAY
PORT ST. LUCIE, FL 34986**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
10942 SW BLUE MESA WAY
City
PORT ST. LUCIE **FL** Zip Code
34987

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 Mark Reichenbach Mark Reichenbach / President 2/17/2004
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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **P** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
**REICHENBACH, MARK
9208 WORLD CUP WAY
PORT ST. LUCIE, FL 34986**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **SIT/D** ☒ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
**10942 SW BLUE MESA WAY
PORT ST. LUCIE, FL 34987**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: Mark Reichenbach Mark Reichenbach / President 2/17/2004 772-345-3390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #