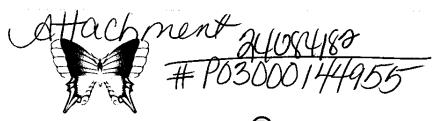
## 2004 FOR PROFIT CORPORATION

## Sep 09, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000144955 1. Entity Name 09-09-2004 90010 019 \*\*\*150.00 NEW FORMULA NATURALS, INC. Principal Place of Business Mailing Address 7824 SW 52ND PLACE 7824 SW 52ND PLACE 24084182 GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132004 CR2E034 (10/03) Chg-P 4. FEI Number 20-0450422 City & State City & State Applied For Not Applicable Country Zio Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUTCH, SAMUEL A Street Address (P.O. Box Number is Not Acceptable) 2114 NW 40TH TERRACE SUITE A-1 GAINESVILLE, FL 32605 Zio Code City 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 SIGNATURE. Signature, typed or printed name of registered agent and the Tappusage. (FIGIE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition | TITLE ☐ De ete TITLE ☐ Change Jim RORIE LOUIS, PATRIA NAME NAME 1824 SW 5219 PLACE **7824 SW 52ND PLACE** STREET ADDRESS STREET ADDRESS CITY ST-ZIP GAINESVILLE, FL 32608 CITY ST ZIP ☐ Change TITLE De'ete TITLE ☐ Addition NAME NAME STREET ADDRESS 1 ... STREET ADDRESS CITY ST-ZIP CITY ST ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST 718 TITLE De'ete Change ☐ Add tion NAME LAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP Change ☐ Add tion De ete TITLE RTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP 12. Thereby 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 trugge empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with a add

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with all other like empowered

**FILED** 



## New Formula Naturals. Inc.

## Alternative Self-Care Solutions

**Division of Corporations 2670 Executive Center Circle** Suite 100 Tallahassee, FL 32301

September 7, 2004

Dear Sirs:

We had intended to file our paperwork and make payment for our 2004 For Profit Corporation Annual Report via your web site. However, when we attempted to do so online on Friday, September 3<sup>rd</sup>, we discovered the site was down until Tuesday, the 7<sup>th</sup>.

Today we again attempted to access the site and to call the phone number listed on your paperwork, but to no avail. I am certain that the effects of Hurricane Frances have a lot to do with the unavailability of the web site.

We are therefore sending this application (postmarked prior to the deadline) via U.S. Mail and will attempt to contact your office concerning the reasons for this late filing. I trust that our corporation will not be dissolved due to inaccessibility of your www.subiz.org web site.

Sincerely,

Jim Rorie Treasurer

Enclosure: Check # 1198