

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90010 019 \*\*\*150.00

<b>DOCUMENT # P03000144955</b>	
1. Entity Name <b>NEW FORMULA NATURALS, INC.</b>	

Principal Place of Business <b>7824 SW 52ND PLACE GAINESVILLE, FL 32608</b>	Mailing Address <b>7824 SW 52ND PLACE GAINESVILLE, FL 32608</b>
--	--

**24084182**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07132004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0450422</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MUTCH, SAMUEL A 2114 NW 40TH TERRACE SUITE A-1 GAINESVILLE, FL 32605</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> 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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P LOUIS, PATRIA 7824 SW 52ND PLACE GAINESVILLE, FL 32608</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T Jim RORIE 7824 SW 52ND PLACE GAINESVILLE, FL 32608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Jim RORIE **9/7/04 352-215-7067**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 24084182  
# P03000144955

# New Formula Naturals<sup>®</sup>, 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