

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000005917**

1. Entity Name  
**NORTH STAR NUTRITION, INC.**



Principal Place of Business  
**1523 BLACK FOREST DR  
LAKELAND, FL 33810**

Mailing Address  
**1523 BLACK FOREST DR  
LAKELAND, FL 33810**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0840108**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GRANT, GLENDA  
1523 BLACK FOREST DR  
LAKELAND, FL 33810**

**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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000810334  
02/08/08-80061-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	GRANT, GLENDA
STREET ADDRESS	1523 BLACK FOREST DR
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	DVT
NAME	MOORE, DEBBIE
STREET ADDRESS	1523 BLACK FOREST DR
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	S
NAME	BROWN, DENISE
STREET ADDRESS	1523 BLACK FOREST DR
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Glenda Grant*

GLEND A GRANT

1-30-2008

(863)859-5084

Signature and typed or printed name of signing officer or Director Date

Daytime Phone #