

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005917

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1523 BLACK FOREST DR  
LAKELAND, FL 33810

**New Principal Place of Business:**

1721 GIBSONIA-GALLOWAY ROAD  
LAKELAND, FL 33810

**Current Mailing Address:**

1523 BLACK FOREST DR  
LAKELAND, FL 33810

**New Mailing Address:**

1721 GIBSONIA-GALLOWAY ROAD  
LAKELAND, FL 33810

**FEI Number:** 20-0840108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GRANT, GLENDA  
1721 GIBSONIA-GALLOWAY ROAD  
LAKELAND, FL 33810 US

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.

SIGNATURE:

01/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GRANT, GLENDA  
Address: 1721 GIBSONIA-GALLOWAY ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: DVT  
Name: MOORE, DEBBIE  
Address: 1721 GIBSONIA-GALLOWAY ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: S  
Name: BROWN, DENISE  
Address: 1721 GIBSONIA-GALLOWAY ROAD  
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENDA GRANT

PRES

01/12/2010

Electronic Signature of Signing Officer or Director

Date