

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000030453

1. Entity Name

NATURAL RESOURCE TECHNOLOGIES, INC.



FILED

07 MAY -1 PM 2:31

Principal Place of Business

2810 KENNESAW PL
TALLAHASSEE FL 32303

Mailing Address

2810 KENNESAW PL
TALLAHASSEE FL 32303

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ONOKPISE, OGHENEKOME U DR
2810 KENNESAW PL
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME: ONOKPISE, OGHENEKOME U DR
STREET ADDRESS: 2810 KENNESAW PL
CITY-STATE-ZIP: TALLAHASSEE FL 32303

NAME: OWETE, OWETE S
STREET ADDRESS: 2205 GREENWICH WAY
CITY-STATE-ZIP: TALLAHASSEE FL 32308

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
Delete

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
Delete

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
Delete

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
Change Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
Change Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
Change Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
Change Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
Change Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

Onokpise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/07

Date

Daytime Phone #