

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139433

FILED
Jul 06, 2005
Secretary of State

Entity Name: ASSOCIATES IN NUTRITION THERAPY, INC.

Current Principal Place of Business:

11790 PINWOOD LAKES DRIVE
FT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11790 PINWOOD LAKES DRIVE
FT MYERS, FL 33913

New Mailing Address:

FEI Number: 81-0656829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HASTINGS, ELAINE L
11790 PINWOOD LAKES DRIVE
FT MYERS, FL 33913 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HASTINGS, ELAINE L
Address: 11790 PINWOOD LAKES DRIVE
City-St-Zip: FT MYERS, FL 33913

Title: VP/D () Delete
Name: HASTINGS, ELAINE L
Address: 11790 PINWOOD LAKES DRIVE
City-St-Zip: FT MYERS, FL 33913

Title: S () Delete
Name: HASTINGS, ELAINE L
Address: 11790 PINWOOD LAKES DRIVE
City-St-Zip: FT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELAINE HASTINGS

P/D

07/06/2005

Electronic Signature of Signing Officer or Director

Date