

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139433

FILED  
Jul 17, 2007  
Secretary of State

Entity Name: ASSOCIATES IN NUTRITION THERAPY, INC.

## Current Principal Place of Business:

11790 PINEWOOD LAKES DRIVE  
FT MYERS, FL 33913

## New Principal Place of Business:

9997 VIA SAN MARCO LOOP  
FT MYERS, FL 33905

## Current Mailing Address:

11790 PINEWOOD LAKES DRIVE  
FT MYERS, FL 33913

## New Mailing Address:

9997 VIA SAN MARCO LOOP  
FT MYERS, FL 33905

FEI Number: 81-0656829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HASTINGS, ELAINE L  
9997 VIA SAN MARCO LOOP  
FT MYERS, FL 33905 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: ELAINE L. HASTINGS

07/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: HASTINGS, ELAINE L  
Address: 9997 VIA SAN MARCO LOOP  
City-St-Zip: FT MYERS, FL 33905

Title: VP/D (X) Change ( ) Addition  
Name: HASTINGS, ELAINE L  
Address: 9997 VIA SAN MARCO LOOP  
City-St-Zip: FT MYERS, FL 33905

Title: S (X) Change ( ) Addition  
Name: HASTINGS, ELAINE L  
Address: 9997 VIA SAN MARCO LOOP  
City-St-Zip: FT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 L HASTINGS

PRES

07/17/2007

Electronic Signature of Signing Officer or Director

Date



The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.