2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State
08-07-2007 90026 037 ***150.00

DOCUMENT # P05000006336

1. Entity Name
NORTH RIVER BODY THERAPIES, INC

40128364

Principal Place of Business
909 25TH DR E
ELLENTON, FL 34222 US

Mailing Address
909 25TH DR E
ELLENTON, FL 34222

08032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 905 25th Dr. E.
Suite, Apt #, etc
City & State
Zip
Country

3. Mailing Address 905 25th Dr. E.
Suite, Apt #, etc
City & State
Zip
Country

4. FEI Number 20-2156043 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEITRICK, NICOLE A
909 25TH DR E
ELLENTON, FL 34222

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 905 25th Dr. E.
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 ______________________________ DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEITRICK, NICOLE A	NAME	
STREET ADDRESS	909 25TH DR E	STREET ADDRESS	
CITY-ST-ZIP	ELLENTON, FL 34222	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Nicole A. Deitrick 8/2/07 (941) 721-4559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

401283 64

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North River Body Therapies, Inc.
965 25th Drive East
Ellenton, FL 34222

August 2, 2007

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, FL 32314

Dear Sir,

I am enclosing my Annual Report for 2007 and my check for $150.00 along with this letter. I did not receive my original notification regarding the annual report filing. Since I changed my address, I've found some of my mail does not reach me.

I have made the address changes on the enclosed report.

Therefore, please accept this filing for 2007 and my apologies for filing late.

Sincerely,

Nicole Deitrick
President