

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000020530**

1. Entity Name  
**NATURE'S HEALTH FOOD OF DFS, INC.**



Principal Place of Business  
**295 BOY SCOUT RD.  
DEFUNIAK SPRINGS, FL 32435 US**

Mailing Address  
**295 BOY SCOUT RD.  
DEFUNIAK SPRINGS, FL 32435 US**



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2390799**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLEAR, CAROLYN W  
295 BOY SCOUT RD.  
DEFUNIAK SPRINGS, FL 32435**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P-D  
NAME CLEAR, CAROLYN W  
STREET ADDRESS 295 BOY SCOUT RD.  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE VP-D  
NAME DURKIN, KAREN K  
STREET ADDRESS 86 PEACOCK RD.  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ST-D  
NAME KING, CATHERINE  
STREET ADDRESS 86 PEACOCK RD.  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000703988  
04/20/07-80162-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Carolyn Clear  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-7  
Date

892-8560  
Daytime Phone #