

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000108411

**Entity Name:** FORTIFY VITAMINS, INC.

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3101 SW COLLEGE ROAD  
SUITE 200  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

3101 SW COLLEGE ROAD  
SUITE 200  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 20-3253491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG, DAVID A  
1243 SE 22ND AVENUE  
OCALA, FL 34471 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

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: LANGE, MICHAEL P  
Address: 2090 SW 55TH STREET ROAD  
City-St-Zip: OCALA, FL 34474 US

Title: S,D  
Name: LANGE, TAMIE D  
Address: 2090 SW 55TH STREET ROAD  
City-St-Zip: OCALA, FL 34474 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL P LANGE

PRES

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date