

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90055 014 ***158.75

DOCUMENT # P05000161854

1. Entity Name
ALL WAYS NATURAL, INC



Principal Place of Business
12025 SE LAUREL LN.
HOBE SOUND, FL 33455

Mailing Address
12025 SE LAUREL LN.
HOBE SOUND, FL 33455



03312008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

4300 S. U.S. Hwy 1
Suite, Apt. #, etc.
Su. 203-125

3. Mailing Address

4300 S. U.S. Hwy 1
Suite, Apt. #, etc.
Su. 203-125

City & State
JUPITER, FL

City & State
JUPITER, FL

Zip
33477

Zip
33477

4. FEI Number
33-1128135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, VICKIE M
12025 SE LAUREL LN.
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4300 S. U.S. Hwy 1
Su. 203-125
City JUPITER FL Zip Code 33477

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

Vickie M Davis

4-15-08

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, VICKIE M	
STREET ADDRESS	12025 SE LAUREL LN.	
CITY - ST - ZIP	HOBE SOUND, FL 33455	
TITLE	DAVIS, Vickie M.	<input type="checkbox"/> Delete
NAME	4300 S. U.S. Hwy 1, Su. 203-125	
STREET ADDRESS	JUPITER, FL 33477	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
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:

Vickie M Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08

Date

131847-1969

Daytime Phone #