

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90080 024 ***150.00

DOCUMENT # P06000107420

1. Entity Name
BODY NUTRITION, INC



Principal Place of Business Mailing Address
13231 EVENING SUNSET LANE **13231 EVENING SUNSET LANE**
RIVERVIEW, FL 33569 US **RIVERVIEW, FL 33569 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
11208 BOYETTE RD. **11208 BOYETTE RD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
RIVERVIEW, FL **RIVERVIEW, FL**

Zip Country Zip Country
33569 USA **33569 USA**

01232007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
41-2212220 Not Applicable

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

6. Name and Address of Current Registered Agent

CALDWELL, MICHAEL L
13231 EVENING SUNSET LANE
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name **MICHAEL L CALDWELL**
Street Address (P.O. Box Number is Not Acceptable)
11208 BOYETTE RD.
City **RIVERVIEW** FL Zip Code **33569**

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 *Michael L Caldwell* **MICHAEL L. CALDWELL, PRESIDENT 3-11-07**
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDWELL, MICHAEL L 13231 EVENING SUNSET LANE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL L. CALDWELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11208 BOYETTE RD. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALDWELL, ELIZABETH A 13231 EVENING SUNSET LANE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELIZABETH A. CALDWELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11208 BOYETTE RD. RIVERVIEW, FL 33569
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael L Caldwell* **3-11-07** **813-671-9230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #