

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90207 031 ***158.75

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1. Entity Name

NUTRITION FOR WELLNESS, INC.



Principal Place of Business
6075 SW 73 ST. RD
OCALA FL 34476

Mailing Address
6075 SW 73 ST. RD
OCALA FL 34476



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

3. Mailing Address

P.O. Box 3865

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala, FL

Zip

Country

Zip

Country

34478-3865

USA

4. FEI Number

20-5606850

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAULERSON, APRIL L
6075 SW 73 ST. RD
OCALA FL 34476

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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
Make Check Payable to Florida Department of State

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
D RAULERSON, APRIL L
1760 SE 3RD AVE
OCALA FL 34476 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY ST. ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

April L Raulerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07
Date

(352)615-1263
Daytime Phone #