


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-02-2008 90117 020 ***150.00
P07000050241

DOCUMENT # P07000050241

1. Entity Name
NATURES FOLIAGE INC



FILED

08 JUL -3 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/07)

Principal Place of Business
P.O. BOX 1013
DELEON SPRINGS FL 32130
US

Mailing Address
1025 CLIFTON RD
DELEON SPRINGS FL 32130
US

X — same →

2. Principal Place of Business - No P.O. Box #
1025 Clifton Rd

3. Mailing Address
1025 Clifton Rd

Suite, Apt. #, etc.

City & State
DeLeon Springs, FL

City & State
same

Zip
32130

Country
USA

Zip
same

Country

4. FEI Number
20-8934313

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**WARRENSFORD, CURTIS
1025 CLIFTON RD
DELEON SPRINGS FL 32130**

7. Name and Address of New Registered Agent

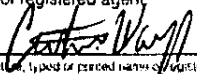
Name
Curtis Warrens Ford

Street Address (P.O. Box Number is Not Acceptable)
1025 Clifton Rd

City
DeLeon Springs

FL Zip Code
32130

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  DATE **4/16/08**

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARRENSFORD, CURTIS 1025 CLIFTON RD DELEON SPRINGS FL 32130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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:  **4/16/08** **386-527-5217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #