

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000101906

Entity Name: CORE NUTRITION, INC.

FILED  
Feb 21, 2011  
Secretary of State

## Current Principal Place of Business:

1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301 US

## New Principal Place of Business:

## Current Mailing Address:

913 CIRCLE DRIVE  
INDEPENDENCE, KS 67301 US

## New Mailing Address:

FEI Number: 27-4350197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301 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: D  
Name: HOGAN, KENNETH A  
Address: 913 CIRCLE DRIVE  
City-St-Zip: INDEPENDENCE, KS 67301 US

Title: D  
Name: HOGAN, MARY L  
Address: 913 CIRCLE DRIVE  
City-St-Zip: INDEPENDENCE, KS 67301 US

Title: D  
Name: HOGAN, SCOTT H  
Address: 913 CIRCLE DRIVE  
City-St-Zip: INDEPENDENCE, KS 67301 US

Title: VP  
Name: HOGAN, MARY L  
Address: 913 CIRCLE DRIVE  
City-St-Zip: INDEPENDENCE, KS 67301 US

Title: P  
Name: HOGAN, KENNETH A  
Address: 913 CIRCLE DRIVE  
City-St-Zip: INDEPENDENCE, KS 67301 US

Title: ST  
Name: HOGAN, SCOTT H  
Address: 913 CIRCLE DRIVE  
City-St-Zip: INDEPENDENCE, KS 67301 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: KENNETH HOGAN

PRES

02/21/2011

Electronic Signature of Signing Officer or Director

Date