

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90234 036 ***150.00

DOCUMENT # P39857

1. Entity Name

HIMMEL NUTRITION INC.



Principal Place of Business

1926 10TH AVENUE N
STE 303
LAKE WORTH FL 33466
US

Mailing Address

P.O. BOX 5329
LAKE WORTH FL 33466-5329

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0347209

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2004 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

TITLE	DCST	<input type="checkbox"/> Delete
NAME	HIMMEL, JEFFREY	
STREET ADDRESS	125 E. 72 STREET APT 7A	
CITY-ST-ZIP	NEW YORK NY	
TITLE	COOP	<input type="checkbox"/> Delete
NAME	DWYER, PATRICK	
STREET ADDRESS	15 STURGES RIDGE ROAD	
CITY-ST-ZIP	WILTON CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	TASHLIK, THEODORE WM	
STREET ADDRESS	7 TEAKWOOD LANE	
CITY-ST-ZIP	ROSLYN NY 11576	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDWYN, MARTIN M.	
STREET ADDRESS	16 TULIP DRIVE	
CITY-ST-ZIP	GREAT NECK NY 11021	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	CARDILLO, DEBRA	
STREET ADDRESS	4265 HYACINTH CIRCLE NO	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Debra Cardillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 (561) 585-0070