

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P93000025767

1. Entity Name

NATURAL ORGANIC PRODUCTS INTERNATIONAL, INC.



Principal Place of Business

**710 S. ROSSITER STREET
MT. DORA, FL 32757 US**

Mailing Address

**710 S ROSSITER ST.
MOUNT DORA, FL 32757**



01122004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3179612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOHMEISTER, DAN
710 S ROSSITER STREET
MT DORA, FL 32757**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VD
NAME GRIFFIN, IVAN
STREET ADDRESS RT 1 BOX 223 N/A
CITY-ST-ZIP BLOOMFIELD, MO

TITLE TD
NAME GRIFFIN, EVELYN
STREET ADDRESS 25742 STATE HWY 25
CITY-ST-ZIP BLOOMFIELD, MO

TITLE VD
NAME ROGERS, JAMES
STREET ADDRESS 25742 ST HWY 25
CITY-ST-ZIP BLOOMFIELD, MO

TITLE SD
NAME ROGERS, BONNIE
STREET ADDRESS 25742 ST HWY 25
CITY-ST-ZIP BLOOMFIELD, MO

TITLE PD
NAME GRIFFIN, GERALD
STREET ADDRESS 25742 STATE HWY. 25
CITY-ST-ZIP BLOOMFIELD, MO

TITLE D
NAME GRIFFIN, SUE
STREET ADDRESS RT. 1, BOX 223
CITY-ST-ZIP BLOOMFIELD, MO

U000000013379
01/26/04-80051-011 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04

Date

352-383-8252

Daytime Phone #