

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 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**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

Dan E. Hohmeister

1/8/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000582945
01/11/07-80051-015 150.00**

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

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IN THIS SPACE**

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