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Secretary of State
01-18-2008 90007 045 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000025767

1. Entity Name
NATURAL ORGANIC PRODUCTS INTERNATIONAL, INC

66002747

Principal Place of Business	Mailing Address
710 S. ROSSITER STREET MT. DORA, FL 32757 US	710 S ROSSITER ST. MOUNT DORA, FL 32757

DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

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

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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] 1-15-08
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, 2008 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	BLLOMFIELD, 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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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: [signature]