


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000031790</b> 1. Entity Name <b>THE NAME IS NATURAL INC.</b>	
---	---

Principal Place of Business <b>99 EGLIN PARKWAY SUITE 43 FORT WALTON, FL 32548 US</b>	Mailing Address <b>395 CANTERBURY CIRCLE FT. WALTON, FL 32548</b>
--	--

**DO NOT WRITE IN THIS SPACE**

% F 5 / , , , , / - 3 5 , F &

02222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3183431</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BRIDWELL, SUSAN  
395 CANTERBURY CIR.  
FT. WALTON, FL 32548**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

000000136936  
04/28/04-80102-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BRIDWELL, SUSAN 395 CANTERBURY CIRCLE FORT WALTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRIDWELL, MICHAEL K 395 CANTERBURY CIRCLE FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, MARY K 64 6TH AVENUE SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, ANGELA 19 CHESTNUT AVE, APT. 1 FT. WALTON, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRIDGES, JAMES 394 CANTERBURY CIR. FT. WALTON, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Susan Bridwell **4/20/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*SUSAN BRIDWELL*