2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# P93000044108

Entity Name: REID'S NUTRITION CENTER, INC.

Current Principal Place of Business:

1951 S. MCCALL ROAD
SUITE 480
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

1951 S. MCCALL ROAD
SUITE 480
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 65-0417649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REID, CLAIRE LEE
1157 SOUTH LANE
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: KAPPELMANN, SUZANNE RENEE
Address: 1820 BRIDGE STREET
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: REID, CLAIRE LEE
Address: 1157 SOUTH LANE
City-St-Zip: ENGLEWOOD, FL 34224

Title: PT ( ) Delete
Name: SCHYCK, TONI LEIGH
Address: 7456 JENNIFER DR.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP ( ) Delete
Name: NICOL, KIM M
Address: 7052 HAWKSBURY ST.
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI LEIGH SCHYCK PT 04/07/2005

Electronic Signature of Signing Officer or Director Date