

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044108

FILED
Apr 04, 2008
Secretary of State

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 L
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 R
Address: 10411 SUNBURY DRIVE
City-St-Zip: PT. CHARLOTTE, FL 33981

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

Title: PT () Delete
Name: SCHYCK, TONI L
Address: 2091 TARPON WAY
City-St-Zip: ENGLEWOOD, FL 34224

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 exemption stated 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 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 L SCHYCK

PT

04/04/2008

Electronic Signature of Signing Officer or Director

Date