2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044108

NICOL, KIM M

7052 HAWKSBURY ST.

ENGLEWOOD, FL 34224

Name:

Address:

City-St-Zip:

Entity Name: REID'S NUTRITION CENTER, INC

FILED Mar 31, 2009 Secretary of State

Current B	Principal Blace	of Business	New Bringing Bloce	of Business
Current	Principal Place	or business:	New Principal Place	or business:
	CCALL ROAD			
SUITE 480	0 'OOD, FL 3422(3 US		
ENGLEVV	OOD, FL 3422	3 03		
Current M	/lailing Addres	s:	New Mailing Addres	s:
1951 S M	ICCALL ROAD			
SUITE 480	0			
ENGLEW	OOD, FL 34223	3 US		
FEI Number	r: 65-0417649	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	AIRE L JTH LANE OOD, FL 34224	4 US		
in the Stat	te of Florida.	submits this statement for th	ne purpose of changing its registere	ed office or registered agent, or both,
	te of Florida. Í			
in the Stat	te of Florida. Í	submits this statement for the		ed office or registered agent, or both, Date
in the Stat	te of Florida. IRE: Electron			
in the State SIGNATU Election Car	te of Florida. IRE: Electron	ic Signature of Registered . Trust Fund Contribution ().	Agent	
in the State SIGNATU Election Car	te of Florida. IRE: Electron Impaign Financing	ic Signature of Registered . Trust Fund Contribution ().	Agent	Date
in the State SIGNATU Election Car OFFICER	te of Florida. IRE: Electron Impaign Financing	ic Signature of Registered . Trust Fund Contribution (). TORS: Delete	Agent ADDITIONS/CHANG	Date ES TO OFFICERS AND DIRECTOR
in the State SIGNATU Election Cale OFFICER Title: Name: Address:	te of Florida. IRE: Electron Impaign Financing IS AND DIRECT S () KAPPELMANN, 10411 SUNBUR	ic Signature of Registered . Trust Fund Contribution (). TORS: Delete SUZANNE R LY DRIVE	Agent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
in the State SIGNATU Election Car OFFICER Title: Name:	te of Florida. IRE: Electron Impaign Financing IS AND DIRECT S () KAPPELMANN,	ic Signature of Registered . Trust Fund Contribution (). TORS: Delete SUZANNE R LY DRIVE	Agent ADDITIONS/CHANG Title: Name:	Date ES TO OFFICERS AND DIRECTOR
in the State SIGNATU Election Cale OFFICER Title: Name: Address:	te of Florida. IRE: Electron Impaign Financing IS AND DIREC S () KAPPELMANN, 10411 SUNBUR PT. CHARLOTTI	ic Signature of Registered . Trust Fund Contribution (). TORS: Delete SUZANNE R Y DRIVE E, FL 33981	Agent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition
in the Stati SIGNATU Election Ca OFFICER Title: Name: Address: City-St-Zip:	te of Florida. IRE: Electron Impaign Financing IS AND DIREC S () KAPPELMANN, 10411 SUNBUR PT. CHARLOTTI	ic Signature of Registered of Trust Fund Contribution (). TORS: Delete SUZANNE R Y DRIVE E, FL 33981 Delete	Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTOR
in the Stati SIGNATU Election Ca OFFICER Title: Name: Address: City-St-Zip: Title:	te of Florida. IRE: Electron Impaign Financing IS AND DIREC S () KAPPELMANN, 10411 SUNBUR PT. CHARLOTTI	ic Signature of Registered of Trust Fund Contribution (). TORS: Delete SUZANNE R Y DRIVE E, FL 33981 Delete	Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition
in the Stati SIGNATU Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name:	te of Florida. IRE: Electron Impaign Financing IS AND DIRECTOR S () KAPPELMANN, 10411 SUNBUR PT. CHARLOTTI D () REID, CLAIRE L	ic Signature of Registered of Trust Fund Contribution (). TORS: Delete SUZANNE R YY DRIVE E, FL 33981 Delete	Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition
in the State SIGNATU Election Cate OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	te of Florida. IRE: Electron Impaign Financing IS AND DIRECT S () KAPPELMANN, 10411 SUNBUR PT. CHARLOTTI D () REID, CLAIRE L 1157 SOUTH LA ENGLEWOOD,	ic Signature of Registered of Trust Fund Contribution (). TORS: Delete SUZANNE R YY DRIVE E, FL 33981 Delete Delete FL 34224	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition
in the State SIGNATU Election Cal OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	te of Florida. IRE: Electron Impaign Financing IS AND DIRECT S () KAPPELMANN, 10411 SUNBUR PT. CHARLOTTI D () REID, CLAIRE L 1157 SOUTH LA ENGLEWOOD,	ic Signature of Registered . Trust Fund Contribution (). TORS: Delete SUZANNE R Y DRIVE E, FL 33981 Delete ANE FL 34224 Delete	Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition
in the State SIGNATU Election Car OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title:	te of Florida. IRE: Electron Impaign Financing IS AND DIRECT S () KAPPELMANN, 10411 SUNBUR PT. CHARLOTTI D () REID, CLAIRE L 1157 SOUTH LA ENGLEWOOD, PT ()	ic Signature of Registered . Trust Fund Contribution (). TORS: Delete SUZANNE R Y DRIVE E, FL 33981 Delete FL 34224 Delete L	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: Title: Title:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition
in the Stati SIGNATU Election Car OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	te of Florida. IRE: Electron Impaign Financing IS AND DIRECT S () KAPPELMANN, 10411 SUNBUR PT. CHARLOTTI D () REID, CLAIRE L 1157 SOUTH LA ENGLEWOOD, PT () SCHYCK, TONI	ic Signature of Registered of Trust Fund Contribution (). TORS: Delete SUZANNE R BY DRIVE E, FL 33981 Delete FL 34224 Delete L WAY	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

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.

Name:

Address:

City-St-Zip:

NICOL, KIM M

1950 ILLINOIS AVENU

ENGLEWOOD, FL 34224

SIGNATURE: TONI L SCHYCK PT 03/31/2009