

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044108

Entity Name: REID'S NUTRITION CENTER, INC.

FILED  
Mar 31, 2009  
Secretary of State

## 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: VP (X) Change ( ) Addition  
Name: NICOL, KIM M  
Address: 1950 ILLINOIS AVENUE  
City-St-Zip: ENGLEWOOD, FL 34224

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

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date