

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044108

FILED
Jan 18, 2010
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
Name: KAPPELMANN, SUZANNE R
Address: 10411 SUNBURY DRIVE
City-St-Zip: PT. CHARLOTTE, FL 33981

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

Title: PT
Name: REID, TONI L
Address: 2091 TARPON WAY
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP
Name: NICOL, KIM M
Address: 1950 ILLINOIS AVENU
City-St-Zip: ENGLEWOOD, FL 34224

I hereby 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 all other like empowered.

SIGNATURE: TONI L REID

PRES

01/18/2010

Electronic Signature of Signing Officer or Director

Date