


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90041 022 ***150.00

DOCUMENT # P93000081997

1. Entity Name
MOTHER NATURE'S, INC.



Principal Place of Business
**18850 SW 232 STREET
 GOULDS, FL 33170**

Mailing Address
**18850 SW 232 STREET
 GOULDS, FL 33170**

50004279

2. Principal Place of Business
5001 SW 82 AVE
 Suite, Apt. #, etc.

3. Mailing Address
21696 N. Heritage Cir
 Suite, Apt. #, etc.



01122005 Chg-P CR2E034 (10/03)

City & State
Davie, FL

City & State
Pembroke Pines, FL

Zip
33328 Country

Zip
33029 Country

4. FEI Number
65-0452740

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MICHENER, BRUCE C
18850 SW 232 STREET
GOULDS, FL 33170

7. Name and Address of New Registered Agent

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)
21696 N. Heritage Cir

City **Pembroke Pines** FL Zip Code **33029**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] **P/S/D** DATE: **1/12/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MICHENER, BRUCE C 18850 SW 232 STREET GOULDS, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 21696 N. Heritage Cir. Pembroke Pines, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHENER, ANA M 18850 SW 232 STREET GOULDS, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 21696 N. Heritage Cir. Pembroke Pines, FL 33029 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] **Bruce Michener** DATE: **1/15/05** DAYTIME PHONE: **954-434-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR