

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90031 004 ***150.00

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1. Entity Name
NUTRI HERB, INC.



Principal Place of Business
**PO BOX 148
JENNINGS, FL 32053 US**

Mailing Address
**PO BOX 148
JENNINGS, FL 32053 US**

40049746

2. Principal Place of Business
P.O. Box 148
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 148
Suite, Apt. #, etc.

04052005 Chg-P CR2E034 (10/03)

City & State
Sanderson, FL
Zip **32087** Country **USA**

City & State
Sanderson, FL
Zip **32087** Country **USA**

4. FEI Number
65-0513759

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AUSTIN, KEITH C JR.
501 SOUTH FLAGLER DR.
SUITE 306
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> Delete
NAME	KEYS, TED F	
STREET ADDRESS	5564 NW 27TH BLVD	
CITY-ST-ZIP	JENNINGS, FL 32053	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keys, Ted F.	
STREET ADDRESS	9763 Cow Pen Rd.	
CITY-ST-ZIP	Sanderson, FL 32087	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ted Keys

4-5-05

888-793-1399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #