2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
07-19-2004 90017 025 ***150.00

DOCUMENT # P94000074706

1. Entity Name
KOENIG NATURAL HEALTH, INC.

Principal Place of Business	Mailing Address
100 AVIATION DRIVE SUITE 200 NAPLES, FL 34104 US	100 AVIATION DRIVE SUITE 200 NAPLES, FL 34104 US

07152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2375 BAYOU LANE #6		2375 BAYOU LANE #6	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES, FLORIDA		City & State: NAPLES, FLORIDA	
Zip: 34112	Country: USA	Zip: 34112	Country: USA

4. FEI Number: 65-0523701 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NICK, PAUL
2400 TAMIAMI TRAIL N #303
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2400 TAMIAMI TRAIL NORTH #201
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: Paul C. Nick PAUL C. NICK 7/16/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	KOENIG, CAROLA	
STREET ADDRESS	6862 STERLING GLEENS DRIVE, #202	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: C. C CAROLA KOENIG 7-16-04 239-435-9921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT

~~Amended~~ Attachment

14024176

DOCUMENT # P94000074706

1. Entity Name
KOENIG NATURAL ~~HEALTH,~~ INC.

Principal Place of Business	Mailing Address
100 AVIATION DRIVE SUITE 200 NAPLES, FL 34104 US	100 AVIATION DRIVE SUITE 200 NAPLES, FL 34104 US

[redacted]

02202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0523701 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NICK, PAUL 2400 TAMIAMI TRAIL N #303 NAPLES, FL 34103	Name: Street Address (P.O. Box Number is Not Acceptable): 2400 TAMIAMI TRAIL NORTH #201 City: NAPLES FL Zip: 34103

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: Paul C. Nick PAUL C. NICK 2/27/04
Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	
TITLE	PSTD	TITLE	CAROLA KOENIG PSTD ☒ Change ☐ Addition
NAME	KOENIG, CAROLA	NAME	
STREET ADDRESS	6862 STERLING GLEENS DRIVE, #202	STREET ADDRESS	375 BAYOU LN #6
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP	NAPLES, FL 34112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

1261

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: CAROLA KOENIG 4-5-04 239-435-9921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

14026176

#P940000 7470

ADJ - Adjustment RI - Returned Item SC - Service Charge OD - Overdrawn
EB - Electronic Banking NSF - Nonsufficient Funds APY - Annual Percentage Yield FWT - Federal Withholding Tax *Break in Number Sequence

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST AMSOUTH LOCATION.

AMSOUTH BANK

AMSOUTH BANK
Gulfshore Boulevard Office
225 Banyan Blvd, Suite 120
Naples, FL 34102-5129

#BWNJPMG
KOENIG NATURAL HEALTH INC
100 AVIATION DR S STE 200
NAPLES FL 34104-3583

ACCOUNT # 4640253651

	09
Cycle	2
Enclosures	1
Page	2 of

CHECKS (CONTINUED)

Date	Check No.	Amount	Date	Check No.	Amount
04/08	1257	1,000.00	04/12	1263	129.85
04/06	1258	19.25	04/16	1265 *	589.28
04/08	1259	7.86	04/15	1266	77.27
04/06	1260	68.96	04/27	1267	424.67
04/08	1262 *	395.00	04/13	1293 *	50.00

1261 is missing

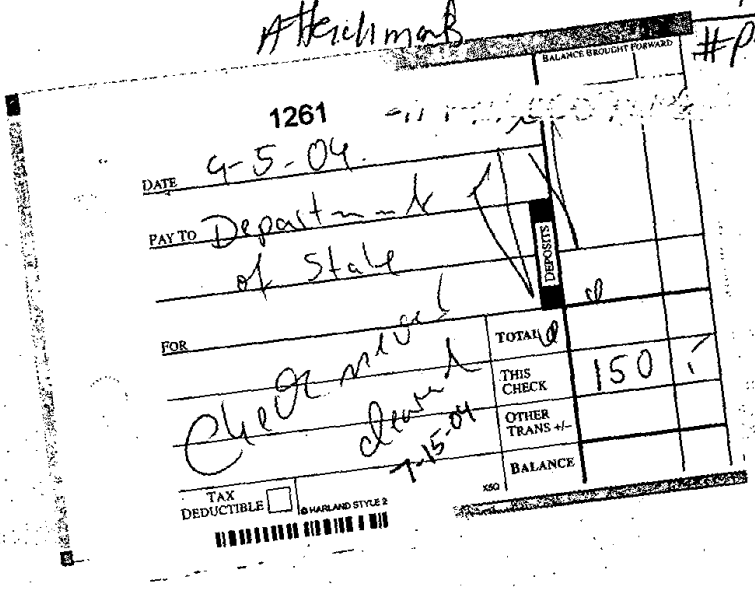
Total Checks $6,370.59

* Break in Check Number Sequence

Attachment

14026176

#P940000747706



1261

DATE 4-5-04

PAY TO Department of State

FOR Check returned 7-15-04

BALANCE BROUGHT FORWARD

DEPOSITS

TOTAL

THIS CHECK 150

OTHER TRANS +/-

BALANCE

TAX DEDUCTIBLE

HARLAND STYLE 2

Attachments

7-16-04

Koenig Natural Health, Inc.
Center for Applied Lymphology
HANDE HELFEN HEILEN

Carola Koenig

100 Aviation Drive South, #200
Naples, Florida 34104
(Inside London Aviation)
Phone/Fax: (239) 435-9921
Email: lymphology@msn.com

Manual Lymphatic Drainage
Craniosacral Therapy
Body - Reflexology
Deep Tissue Massage
Neuromuscular Therapy
LLLT
Therapeutic Ultrasound

14026176

#P94000074706

Florida Department of State

- Division of Corporations -

On April 5th 2004 I mailed my 2004 For Profit Corporation Annual Report, prepared by Paul C Nick.

When I received a card "Notice of Intent to Dissolve" I started to investigate. Check 1261 did not appear on my April-statement and according to Amsouth Bank has not cleared. (Copies enclosed)

Please accept this new document # P94000074706 accompanied by check 1427 in the amount of $150.-

Please avoid any late filing fee that may have incurred

Sincerely

C. Koenig