2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2009
Secretary of State

DOCUMENT# P95000010576

Entity Name: THE OLD PATH NATURAL HERBS, INC.

Current Principal Place of Business:

3057 LIANA LANE
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

3057 LIANA LANE
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-3303593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, SYLVESTER
3057 LIANA LANE
PENSACOLA, FL 32505 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JONES, SYLVESTER
Address: 3057 LIANA LANE
City-St-Zip: PENSACOLA, FL 32505

Title: VP ( ) Delete
Name: JONES, DELOIS
Address: 3057 LIANA LANE
City-St-Zip: PENSACOLA, FL 32505

Title: T ( ) Delete
Name: JONES, MARQUIS
Address: 3057 LIANA LANE
City-St-Zip: PENSACOLA, FL 32505

Title: S ( ) Delete
Name: JONES, SHAWNDRA
Address: 3057 LIANA LANE
City-St-Zip: PENSACOLA, FL 32505

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SYLVESTER JONES PRES 07/03/2009

Electronic Signature of Signing Officer or Director Date