

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000024682

1. Entity Name
VITALINE, INC.



Principal Place of Business

4707 140TH AVENUE NORTH #310
CLEARWATER, FL 33762 US

Mailing Address

4707 140TH AVENUE NORTH #310
CLEARWATER, FL 33762 US



05092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3367585

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OWEN, GEORGE E JR
100 1ST AVE SOUTH
SUITE 800
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
OLSETH, JEFFRY C
4707 140TH AVENUE NORTH #310
CLEARWATER, FL 34622

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BARTOLO, CORA L
4707 140TH AVENUE NORTH #310
CLEARWATER, FL 34622

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURPHY, TERRENCE E
2939 PINWOOD RUN
PALM HARBOR, FL 33563

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000564691
05/20/06 80085-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-06

Date

7275246303

Daytime Phone #