

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062629

FILED
Apr 30, 2004
Secretary of State

Entity Name: NATURAL HEALTH & NUTRITION, INC.

Current Principal Place of Business:

10060 AMBERWOOD ROAD
SUITE 6
FORT MYERS, FL 33913

New Principal Place of Business:

11691 GATEWAY BLVD.
SUITE 203
FORT MYERS, FL 33913

Current Mailing Address:

10060 AMBERWOOD ROAD
SUITE 6
FORT MYERS, FL 33913

New Mailing Address:

11691 GATEWAY BLVD.
SUITE 203
FORT MYERS, FL 33913

FEI Number: 65-0684082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DAVID C
10060 AMBERWOOD ROAD STE 6
FORT MYERS, FL 33913

Name and Address of New Registered Agent:

SMITH, DAVID C
11691 GATEWAY BLVD
SUITE 203
FORT MYERS, FL 33913

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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SARVER, HELEN I
Address: 9232 PINEAPPLE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: VD () Delete
Name: SARVER, ROBERT L
Address: 9232 PINEAPPLE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: STD () Delete
Name: SMITH, DAVID C
Address: 18441 LEE ROAD
City-St-Zip: FORT MYERS, FL 33912

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HELEN I. SARVER

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date