


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000085258 1. Entity Name MASTER DIET, INC.	
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Principal Place of Business 3540 CESERY BLVD JACKSONVILLE, FL 32277	Mailing Address 3540 CESERY BLVD JACKSONVILLE, FL 32277
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DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3475330	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCWHORTER, JOHN A 3540 CESERY BLVD JACKSONVILLE, FL 32277
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**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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWHORTER, JOHN A 3540 CESERY BLVD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCWHORTER, MARTHA J 3540 CESERY BLVD JACKSONVILLE, FL 32277
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04/01/04-80026-025 158.75

**DO NOT WRITE
IN THIS SPACE**

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: 	John A. McWhorter 3/30/04 904994-7497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #