

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100456

Entity Name: NATURE'S TIME, INC.

FILED
Feb 17, 2005
Secretary of State

Current Principal Place of Business:

5 CLIFFORD DRIVE
SHALIMAR, FL 32579

New Principal Place of Business:

5 CLIFFORD DRIVE
SUITE #5
SHALIMAR, FL 32579

Current Mailing Address:

5 CLIFFORD DRIVE
SHALIMAR, FL 32579

New Mailing Address:

P.O. BOX 836
SHALIMAR, FL 32579

FEI Number: 59-3505651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGLEA, J R
5 CLIFFORD DRIVE
SHALIMAR, FL 32579 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANGLEA, J R
Address: 117A CEDAR AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VPD () Delete
Name: KRAMER, PATRICIA
Address: 1221 WHITWOOD WAY
City-St-Zip: NICEVILLE, FL 32578 US

Title: STD () Delete
Name: ANGLEA, LINDA J
Address: 392 LINCOLN STREET
City-St-Zip: COPPERSVILLE, MI 49404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: ANGLEA, LINDA J
Address: 2316 WILSON WAY
City-St-Zip: THE VILLAGES, FL 32162 US

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: J.R. ANGLEA

PD

02/17/2005

Electronic Signature of Signing Officer or Director

Date