


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000003609
1. Entity Name
DIETETIC ASSOCIATES, INC.



Principal Place of Business: 11413 N. GREATER HILLS BLVD. CLERMONT, FL 34711
Mailing Address: POST OFFICE BOX 121130 CLERMONT, FL 34711



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3489375 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JORDAN, EDWARD P II ESQ.
13543 EAST HIGHWAY 50
CLERMONT, FL 34711

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 rechartering) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: RUPPE, DIANNE STREET ADDRESS: 11413 N. GREATER HILLS BLVD. CITY - ST - ZIP: CLERMONT, FL 34711
TITLE: V NAME: MYERS, DAVID J STREET ADDRESS: 1N605 TURNBERRY LN CITY - ST - ZIP: WINFIELD, IL 60190
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____
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04/15/05-80059-007 150.00

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)(f), 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: Wendy K. Peeper Dianne K. Ruppe 4/11/05 (352) 242-2681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #