

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087674

FILED
Aug 10, 2008
Secretary of State

Entity Name: HUESTON NATURAL PRODUCTS, INC.

Current Principal Place of Business:

3961 ALMOND AVENUE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51386
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0872723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOALE, JAMES E
2750 RINGLING BLVD, STE 3
SARASOTA, FL 34237 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUESTON, DANIEL
Address: P.O. BOX 51386
City-St-Zip: SARASOTA, FL 34232

Title: DS () Delete
Name: HUESTON, ISABEL
Address: PO BOX 51386
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: DANIEL HUESTON

D

08/10/2008

Electronic Signature of Signing Officer or Director

_____ Date