

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000100822 1. Entity Name O'CONNOR NUTRITION CONSULTANTS, INC.		
Principal Place of Business 3091 HARPERS FERRY DRIVE TALLAHASSEE, FL 32308 US	Mailing Address 3091 HARPERS FERRY DRIVE TALLAHASSEE, FL 32308 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent O'CONNOR, EVETTE 3091 HARPERS FERRY DR TALLAHASSEE, FL 32308		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000108742 04/12/04-P00016-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTV O'CONNOR, EVETTE 3091 HARPERS FERRY DR TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
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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: <u>Evette O'Connor</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/8/04 (850) 222-0462 Date Daytime Phone #