

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000045110

1. Entity Name  
SHO-ME NUTRICEUTICALS, INC.



Principal Place of Business  
15431 FLIGHT PATH DR.  
BROOKSVILLE, FL 34604

Mailing Address  
15431 FLIGHT PATH DR.  
BROOKSVILLE, FL 34604



07122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3586700

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RECKNER, CHRISTOPHER  
15431 FLIGHT PATH DR.  
BROOKSVILLE, FL 34604

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	
NAME	DEMARIA, JIMMY	
STREET ADDRESS	15431 FLIGHT PATH DRIVE	
CITY-ST-ZIP	BROOKSVILLE, FL 34604	
TITLE	D	
NAME	RECKNER, CHRIS	
STREET ADDRESS	15431 FLIGHT PATH DRIVE	
CITY-ST-ZIP	BROOKSVILLE, FL 34604	
TITLE	D	
NAME	IRVING, TED	
STREET ADDRESS	15431 FLIGHT PATH DRIVE	
CITY-ST-ZIP	BROOKSVILLE, FL 34604	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000171731  
09/08/04-80003-007 150.00

**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)(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: *Chris Reckner* Chris Reckner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-04 352-797-9600

Date

Daytime Phone #