

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90299 037 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P99000098842 1. Entity Name BENTLEY'S HEALTH & NUTRITIONAL SYSTEMS NO. 2, INC.					
Principal Place of Business PO BOX 780501 ORLANDO FL 32878			Mailing Address PO BOX 780501 ORLANDO FL 32878		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-4340489 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOUVIERE, BENTLEY J 433 CAREY WAY ORLANDO FL 32825			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			3/10/04 <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete				
NAME	BENTLEY, LOUVIERE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	433 CAREY WAY	NAME			
CITY-ST-ZIP	ORLANDO FL 32825	STREET ADDRESS			
TITLE	VTSD <input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME	LOUVIERE, BENTLEY				
STREET ADDRESS	433 CAREY WAY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP	ORLANDO FL 32825	NAME			
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<input type="checkbox"/> Delete	NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete				
NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME					
STREET ADDRESS		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP		NAME			
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 907, 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:			3/10/04 <small>DATE</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					