## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S35448

FILED Mar 10, 2005 Secretary of State

Entity Name: METABOLIC AND NUTRITIONAL RESEARCH INSTITUTE, INC.

Current Principal Place of Business:	New Principal Place of Business:

3229 HWY 17 N

3229 HWY 17 GREEN COVE SPGS, FL 32043 GREEN COVE SPGS, FL 32043

**Current Mailing Address: New Mailing Address:** 

3229 HWY 17 N 3229 HWY 17

GREEN COVE SPGS, FL 32043 GREEN COVE SPGS, FL 32043

FEI Number: 59-3053301 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOILEAU JOHN W SOILEAU, JOHN 3229 HWÝ 17 3229 HWY 17 NORTH

STE. 210 GREEN COVE SPRINGS, FL 32043 US

GREEN COVE SPRINGS, FL 32043 US

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: JOHN SOILEAU 03/10/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

SOILEAU, JOHN W., SOILEAU, JOHN Name: Name: 3229 HWY 17 N 3229 HWY 17 Address: Address:

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: Title: ST () Delete ST (X) Change ( ) Addition

Name: SOILEAU, NINA O Name: SOILEAU, NINA 3229 HWY 17 N 3229 HWY 17 Address: Address:

GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete () Change () Addition

FITE, FRANCES Name: Name: PO BOX 291993 Address: Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: FRANCES FITE 03/10/2005