


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2004 08:00 AM
Secretary of State

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| DOCUMENT # S66239 1. Entity Name NUTRITIONAL GUIDANCE, INC. |  |
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| Principal Place of Business 1778 PARK AVE. N. STE 205 MAITLAND, FL 32751 US | Mailing Address P O BOX 941301 MAITLAND, FL 32794-1301 US |
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3073006 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BEERBOWER, KAREN SUE 896 CRANES CT MAITLAND, FL 32751 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTM BEERBOWER, KAREN SUE 896 CRANES CT MAITLAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BEERBOWER, DAVID C 896 CRANES CT MAITLAND, FL |
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04/22/04-80076-001 150.00

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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)(f), 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: David Beabow 4/19/04 407-629-5504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #