

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90060 039 \*\*\*150.00

**DOCUMENT # S87318**

1. Entity Name

NATURAL SCIENTIFIC, INC.



Principal Place of Business

5486 FAIRCHILD ROAD  
CRESTVIEW FL 32536

Mailing Address

P.O. BOX 5188  
NICEVILLE FL 32578  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3091825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, JEAN S

~~1698 PARKSIDE CIRCLE~~  
~~NICEVILLE FL 32578~~

4629 Paradise Isles  
Destin, FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

~~PO Box 5188~~

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

*Jean Sanders*

2/9/04

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	SANDERS, JEAN S.	
STREET ADDRESS	<del>1698 PARKSIDE CIRCLE</del> PO Box 5188	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	C	<input type="checkbox"/> Delete
NAME	SHANKLIN, CHARLES E	
STREET ADDRESS	PO BOX 1531	
CITY-ST-ZIP	VIEQUES PR 00765	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHANKLIN, CHARLES R	
STREET ADDRESS	<del>1705 OSPREY COVE</del> PO Box 5188	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Jean Sanders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04  
Date

Daytime Phone #