

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32014

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: NATUREFORM, INC.

**Current Principal Place of Business:**

925 N OCEAN ST  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

925 N OCEAN ST  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-3122219      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOORE, J. RICHARD JR  
3127 ATLANTIC BLVD  
JACKSONVILLE, FL 32207      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WARREN, HAROLD L.,  
Address: 925 NORTH OCEAN STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: STD ( ) Delete  
Name: WARREN, ELLIS R.,  
Address: 925 NORTH OCEAN ST.  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VD ( ) Delete  
Name: WARREN, STEVE R.,  
Address: 925 NORTH OCEAN STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VD ( ) Delete  
Name: MAK, TAI  
Address: 925 NORTH OCEAN STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: STD ( ) Delete  
Name: WARREN, ELLIS  
Address: 925 NORTH OCEAN STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: LISA STOCKDALE

Electronic Signature of Signing Officer or Director

OFMG

04/24/2008

\_\_\_\_\_ Date