

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32014

FILED  
Mar 21, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEVE R. WARREN

VP

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date