

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # V50769**

1. Entity Name  
NATURE'S WAY FRANCHISING GROUP, INC.



Principal Place of Business  
197 RIDGE ROAD  
JUPITER, FL 33477 US

Mailing Address  
197 RIDGE ROAD  
JUPITER, FL 33477 US

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**



03132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0353206

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SPINA KAREN M  
197 RIDGE ROAD  
JUPITER, FL 33477

**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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000090305  
03/17/04-80013-011 150.00

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | P                         |
| NAME           | SPINA, KEVIN M            |
| STREET ADDRESS | 2715 MEADOWLARK LAN       |
| CITY- ST- ZIP  | W PALM BEACH, FL          |
| TITLE          | V                         |
| NAME           | SPINA, KEITH M            |
| STREET ADDRESS | 245 MURRAY RD             |
| CITY- ST- ZIP  | WEST PALM BEACH, FL 33405 |
| TITLE          | T                         |
| NAME           | SPINA, KAREN M            |
| STREET ADDRESS | 197 RIDGE ROAD            |
| CITY- ST- ZIP  | JUPITER, FL 33477         |
| TITLE          | S                         |
| NAME           | BRYANT-SPINA, CARLYE      |
| STREET ADDRESS | 245 MURRAY RD             |
| CITY- ST- ZIP  | WEST PALM BEACH, FL 33405 |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY- ST- ZIP  |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY- ST- ZIP  |                           |

**DO NOT WRITE  
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:**

*Karen M. Spina*

KAREN M SPINA 3/15/04 (SG) 575-9882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #