

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90006 041 \*\*\*\*61.25

<b>DOCUMENT # N03000010996</b>					
<b>1. Entity Name</b> NATIONSDEBT, INC.					
<b>Principal Place of Business</b> 380 S. STATE ROAD 434 SUITE 1004, #319 ALTAMONTE SPRINGS, FL 32714			<b>Mailing Address</b> 380 S. STATE ROAD 434 SUITE 1004, #319 ALTAMONTE SPRINGS, FL 32714		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		02112004 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 34-1976009				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MIGLIACCIO, RICHARD C 660 WEST FAIRBANKS AVENUE SUITE 1 WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b> Name: MATTHEW SEAFRAN Street Address (P.O. Box Number is Not Acceptable): 380 SOUTH STATE ROAD 434 SUITE 1004-319 City: ALTAMONTE SPRINGS FL Zip Code: 32714		
<b>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.</b>					
SIGNATURE:			DATE: 2/11/04		
(NOTE: Registered Agent signature required when reinstating)			Filing Fee is \$61.25 Due by May 1, 2004		
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PTD <b>NAME</b> SZAFRAN, MATTHEW R <b>STREET ADDRESS</b> 380 S. STATE ROAD 434 SUITE 1004, #319 <b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> SZAFRAN, MARGERY C <b>STREET ADDRESS</b> 380 S. STATE ROAD 434 SUITE 1004, #319 <b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> MEYES, KENNETH E <b>STREET ADDRESS</b> 380 S. STATE ROAD 434 SUITE 1004, #319 <b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 617, 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.</b>					
SIGNATURE:			DATE: 2/11/04		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 407 660-1469		