


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000009681 1. Entity Name NPN ENTERPRISES, INC.	
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Principal Place of Business 1805 RHODE ISLAND AVE LYNN HAVEN, FL 32444	Mailing Address 1805 RHODE ISLAND AVE LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3695549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JANOS, NANCY
 1805 RHODE ISLAND AVE
 LYNN HAVEN, FL 32444

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANOS, NANCY 1805 RHODE ISLAND AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANOS, PARIS 1805 RHODE ISLAND AVE LYNN HAVEN, FL 32444
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08/31/04-80002-003 158.75

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: Nancy Janos NANCY JANOS, PRESIDENT 8/28/04 853 ~~774~~ 774-8963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #