

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000054301

**Entity Name:** NSPC, INC

**Current Principal Place of Business:**

5753 HWY 85 N  
#7145  
CRESTVIEW, FL 32536

**Current Mailing Address:**

5753 HWY 85 N  
#7145  
CRESTVIEW, FL 32536 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MITCHELL, LINDA K  
5753 HWY 85 N  
#7145  
CRESTVIEW, FL 32536 US

*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

**Officer/Director Detail :**

Title P  
Name MITCHELL, LINDA K  
Address 5753 HWY 85 N #7145  
City-State-Zip: CRESTVIEW FL 32536

Title VP  
Name MITCHELL, THOMAS P SR.  
Address 5753 HWY 85 N #7145  
City-State-Zip: CRESTVIEW FL 32536

Title TRES  
Name MITCHELL, LINDA K  
Address 5753 HWY 85 N #7145  
City-State-Zip: CRESTVIEW FL 32536

Title SEC  
Name MITCHELL, THOMAS P SR.  
Address 5753 HWY 85 N #7145  
City-State-Zip: CRESTVIEW FL 32536

*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:** THOMAS P. MITCHELL SR.

VP

04/13/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date