

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 664278

1. Entity Name
NANCY REED ENTERPRISES INC.



FILED
05 APR 27 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4770 BISCAYNE BLVD
STE 1150
MIAMI, FL 33137

Mailing Address
9852 WINDISH RD
WEST CHESTER, OH 45069 US

2. Principal Place of Business

3. Mailing Address
4770 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1150

04252005 Chg-P CR2E034 (10/03)

City & State

City & State
Miami, FL 33137

4. FEI Number

59-1976689

Applied For
Not Applicable

Zip

Country

Zip

Country

33137

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANTER, JOSEPH
4770 BICAYNE BLVD #1150
MIAMI, FL 33137

Name
CORPDIRECT AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)
103 North Meridian Street

Lower Level

City
Tallahassee FL Zip Code
32301

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KANTER, N R ☐ Delete
STREET ADDRESS 4770 BISCAYNE BLVD #1150
CITY-ST-ZIP MIAMI, FL

TITLE STD
NAME KANTER, H A ☐ Delete
STREET ADDRESS 4770 BISCAYNE BLVD #1150
CITY-ST-ZIP MIAMI, FL

TITLE V ☒ Delete
NAME WILDERMUTH, R.E.
STREET ADDRESS 9792 WINDISH RD
CITY-ST-ZIP WEST CHESTER, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 700054123597
STREET ADDRESS 05/10/05--01006--022 **150.00
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME John E Kanter
STREET ADDRESS 4770 Biscayne Blvd., #1150
CITY-ST-ZIP Miami, FL 33137

TITLE S ☐ Change ☒ Addition
NAME Ellen Berkman
STREET ADDRESS 4770 Biscayne Blvd., #1150
CITY-ST-ZIP Miami, FL 33137

TITLE T ☐ Change ☒ Addition
NAME Maritza Pereyra
STREET ADDRESS 4770 Biscayne Blvd., #1150
CITY-ST-ZIP Miami, FL 33137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Roberts APR 27 2005