

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90196 018 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000001559

1. Entity Name
N80FT, INC.



24068313

Principal Place of Business
3411 SILVERSIDE ROAD
WILMINGTON, DE 19810

Mailing Address
3411 SILVERSIDE ROAD
WILMINGTON, DE 19810



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0397991

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAX CO.
% MICHAEL E. GOODBREAD, JR.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	READ, STEVE
STREET ADDRESS	606 N DYER BLVD
CITY - ST - ZIP	KISSIMMEE, FL 34741
TITLE	V.P
NAME	ISSOTT MARC
STREET ADDRESS	1006 N. Dyer Blvd
CITY - ST - ZIP	Kissimmee FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 19.07(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 #

4.26.4 407 931 0018