

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-04-2004 90196 001 \*\*\*150.00

**DOCUMENT # F00000001823**

1. Entity Name  
N140FT, INC.



Principal Place of Business  
3411 SILVERSIDE ROAD  
WILMINGTON, DE 19810

Mailing Address  
3411 SILVERSIDE ROAD  
WILMINGTON, DE 19810

**24068330**



**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

RAX CO.  
C/O MICHAEL E. GOODBREAD, JR.  
20 NORTH LAURA STREET, SUITE 3300  
JACKSONVILLE, FL 32202

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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	606 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	

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IN THIS SPACE**

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

MARCT ISSOTT

4.24.4

Date

4079310016

Daytime Phone #