

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000006268

1. Entity Name
NAIR AND CO., INC.



FILED
Feb 04, 2005 08:00 AM
Secretary of State

Principal Place of Business
27725 OLD 41 ROAD #206
BONITA SPRINGS, FL 34135

Mailing Address
27725 OLD 41 ROAD #206
BONITA SPRINGS, FL 34135



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2260122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAIR, S
27725 OLD 41 ROAD STE 206
BONITA SPRINGS, FL 34135

**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, 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 P
NAME NAIR, SHANKARAN
STREET ADDRESS 4120 BAYHEAD DR., UNIT 102
CITY-ST-ZIP BONITA SPINGS, FL

TITLE T
NAME NAIR, VYOMA
STREET ADDRESS 4120 BAYHEAD DR., UNIT 102
CITY-ST-ZIP BONITA SPINGS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000215863

02/05/05-80023-025 150.00

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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:

S. Nair (S. NAIR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2005 (239) 948-9820

Date

Daytime Phone #