

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90272 026 \*\*\*150.00

**DOCUMENT # F02000002924**

1. Entity Name

NMAT, INC.



Principal Place of Business

613 BOUNDARY BLVD  
ROTUNDA WEST FL 33947

Mailing Address

613 BOUNDARY BLVD  
ROTUNDA WEST FL 33947

04043320



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

214 Marker Road

City & State

Rotonda West FL

Suite, Apt. #, etc

214 Marker Road

City & State

Rotonda West FL

4. FEI Number

06-1248509

Applied For

Not Applicable

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

Name

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

214 Marker Road

City

Rotonda West

FL

Zip Code

33947

TRUAX, NEIL M  
613 BOUNDARY BLVD  
ROTUNDA WEST FL 33947

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

*Neil Truax*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete  
NAME TRUAX, NEIL M  
STREET ADDRESS 613 BOUNDARY BLVD  
CITY-ST-ZIP ROTUNDA WEST FL 33947

TITLE *Same* ☒ Change ☐ Addition  
NAME *Same*  
STREET ADDRESS *214 Marker Road*  
CITY-ST-ZIP *Rotonda West FL 33947*

TITLE VCST ☐ Delete  
NAME TRUAX, MARY ANN  
STREET ADDRESS 613 BOUNDARY BLVD  
CITY-ST-ZIP ROTUNDA WEST FL 33947

TITLE *Same* ☒ Change ☐ Addition  
NAME *Same*  
STREET ADDRESS *214 Marker Road*  
CITY-ST-ZIP *Rotonda West FL 33947*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP *\* address effective June 2004*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Neil Truax*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

941-6972513

Daytime Phone #