



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90046 012 \*\*\*150.00

<b>DOCUMENT # F02000005620</b> 1. Entity Name <b>NORTH EAST OVERSEAS TRADING COMPANY, INC.</b>					
Principal Place of Business <b>C/O ROY S. PANDELOGLOU 4507 BLUE MARLIN DRIVE BRADENTON, FL 34208</b>			Mailing Address <b>C/O ROY S. PANDELOGLOU 4507 BLUE MARLIN DRIVE BRADENTON, FL 34208</b>		
2. Principal Place of Business <b>1031 Commerce Blvd. N.</b>		3. Mailing Address <b>1031 Commerce Blvd. N.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>			
Zip <b>34243</b>		Country		4. FEI Number <b>11-3085147</b>	
Zip <b>34243</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PANDELOGLOU, ROY S 4507 BLUE MARLIN DRIVE BRADENTON, FL 34208</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PANDELOGLOU, ROY S 4507 BLUE MARLIN DRIVE BRADENTON, FL 34208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PANDELOGLOU, ROY S 4507 BLUE MARLIN DRIVE BRADENTON, FL 34208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____		2/10/04 941-351-3299 Date Daytime Phone #			