


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90230 027 ***150.00

DOCUMENT # F05011 1. Entity Name NEST, INC.			
Principal Place of Business 13080 MINDANGO WAY #69 MARINA DEL RAY, CA 90295		Mailing Address 13080 MINDANGO WAY #69 MARINA DEL RAY, CA 90295	
2. Principal Place of Business 13080 Mindanao Way Suite, Apt. #, etc. #69		3. Mailing Address 13080 Mindanao Way Suite, Apt. #, etc. #69	
City & State Marina del Rey, CA Zip 90292 Country USA		City & State Marina del Rey, CA Zip 90292 Country USA	
4. FEI Number 59-2141224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01202005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent STAFFORD, TRACY E. 500 NE 25TH STREET WILTON MANORS, FL 33305		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Tracy E. Stafford</u> <u>TRACY E. STAFFORD</u> <u>2/14/05</u> <small>Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STAFFORD, NANCY E. 13080 MINDANAO WAY #69 MARINA DEL RAY, CA. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Stafford-Myers, Nancy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marina del Rey, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STAFFORD, TRACY E. <input checked="" type="checkbox"/> Delete 500 N.E. 25TH STREET WILTON MANORS, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Stafford-Myers, Nancy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13080 Mindanao Way #69 Marina del Rey, CA 90292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MYERS, LARRY <input checked="" type="checkbox"/> Delete 13080 MINDANAO WAY 69 MARINA DEL RAY, CA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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 information.			
SIGNATURE: <u>Nancy Stafford</u> <u>Nancy Stafford</u> <u>2/18/05</u> <u>301-821-8215</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE DAYTIME PHONE #</small>			