


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90041 013 ***158.75

DOCUMENT # F66683 1. Entity Name NEOS TECHNOLOGIES, INC.					
Principal Place of Business C/O ROBERT V. BELFATTO, SR. 4300 C FORTUNE PL WEST MELBOURNE, FL 32904			Mailing Address C/O ROBERT V. BELFATTO, SR. 4300 C FORTUNE PL WEST MELBOURNE, FL 32904		
2. Principal Place of Business C/O WILLIAM P. SHANNONHOUSE Suite, Apt. #, etc. 4300-C FORTUNE PLACE			3. Mailing Address C/O WILLIAM P. SHANNONHOUSE Suite, Apt. #, etc. 4300-C FORTUNE PLACE		
City & State WEST MELBOURNE, FL 32904		City & State WEST MELBOURNE, FL 32904		4. FEI Number 59-2159335	
Zip 32904		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELFATTO, ROBERT V SR. 4300 C FORTUNE PL WEST MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name: SHANNONHOUSE, WILLIAM P. Street Address (P.O. Box Number is Not Acceptable) 4300-C FORTUNE PLACE City: WEST MELBOURNE FL Zip Code: 32904	
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: WILLIAM P. SHANNONHOUSE, PRESIDENT <i>William P Shannonhouse</i> FEB. 2, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	VSD BELFATTO, ROBERT VANCE 505 2ND AVE MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHANNONHOUSE, WILLIAM P. 4105 TURTLE MOUND RD. MELBOURNE, FL 32934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELFATTO, ROBERT V SR. 505 SECOND AVENUE MELBOURNE BEACH, FL 32951	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 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: WILLIAM P. SHANNONHOUSE, PRESIDENT <i>William P Shannonhouse</i> 2/2/04 (321)676-9020 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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