


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90281 023 ***150.00

DOCUMENT # F97000005505 1. Entity Name NORTHEAST INVESTMENT CORPORATION					
Principal Place of Business 4015 W. GULF DR. #8 SANIBEL ISLAND, FL 33957 US			Mailing Address 4015 W. GULF DR. #8 SANIBEL ISLAND, FL 33957 US		
2. Principal Place of Business <i>14350 Bristol Bay Place</i>		3. Mailing Address <i>14350 Bristol Bay Place</i>			
Suite, Apt. #, etc. 308		Suite, Apt. #, etc. 308			
City & State <i>Ft. Myers, FL</i>		City & State <i>Ft. Myers, FL</i>			
Zip 33912		Country Lee		4. FEI Number 52-0791879	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SIGLER, LAWRENCE M 4015 W GULF DRIVE #8 SANIBEL, FL 33957					
7. Name and Address of New Registered Agent Name <i>Sigler, Lawrence M.</i> Street Address (P.O. Box Number is Not Acceptable) <i>14350 Bristol Bay Place #308</i> City <i>Ft. Myers,</i> FL Zip Code <i>33912</i>					
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 _____ <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, 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input type="checkbox"/> Delete SIGLER, LAWRENCE M 4015 W GULF DR # 8 SANIBEL, FL 33957				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete SIGLER, VICTORIA 2100 S OCEAN DR., STE. 10A FT LAUDERDALE, FL 33316				
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				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sigler, Lawrence M.</i> <i>14350 Bristol Bay Place #308</i> <i>Ft. Myers, FL 33912</i>				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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: <i>Lawrence M. Sigler</i> Lawrence M. Sigler <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/12/05 239-218-3159 <small>Date Daytime Phone #</small>	