## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000006803

FILED Mar 19, 2004 Secretary of State

Entity Name: NATIONAL ASSOCATION OF PROFESSIONAL AGENTS, INC.

Current Principal Place of Business:		New Principal Place of Business:				
311 ATRI	UM DR					
:00 BRANDEN	NTON, FL 3420	2 US				
urrent M	lailing Address	s:	New Maili	ng Address:		
311 ATRI 00						
BRANDEN	NTON, FL 3420	2 US				
El Number:	: 43-1649421	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status	Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
820 RING	, ROBERT W BLING BOULEV A, FL 34236	'ARD US				
	named entity s e of Florida.	ubmits this statement for the	purpose of changing	ts registered	office or registered a	gent, or both,
the State	e of Florida.		purpose of changing	ts registered	office or registered a	gent, or both,
the State	e of Florida. RE:			ts registered	office or registered a	gent, or both,
n the State	e of Florida. RE:	ubmits this statement for the	ent			
n the State SIGNATUF  DFFICERS  itle: ame: ddress:	e of Florida.  RE: Electroni  S AND DIRECT	ubmits this statement for the control of the contro	ent	IS/CHANGES	Date  STO OFFICERS AN  X) Change ( ) Addition  B COUNTRY RD	
n the State	e of Florida.  RE: Electroni  S AND DIRECT  PCD () MARINACCIO, L 3505 LITTLE CC PARRISH, FL 3	ubmits this statement for the control of the control of Registered Agroups to the con	ent  ADDITION  Title: Name: Address:	D (X) STECK, HERE 3501LITTLE C PARRISH, FL  DC (X) MARINACCIO, 13407 BLYTH	Date  S TO OFFICERS AN  X) Change ( ) Addition 3 COUNTRY RD 34219  X) Change ( ) Addition , ANN MARIE	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MARIE MARINACCIO DC 03/19/2004