2004 FOR PROFIT CORPORATION

ANNUAL REPORT

	FILED
	Mar 29, 2004 8:00 am
_	Secretary of State
	Secretary of State
	03-29-2004 90090 027 ***150 00

DOCUMENT # G42842 1. Entity Name NEDA, INC. OF DESTIN 94039524 Principal Place of Business Mailing Address 110 GULF SHORE DR., #722 2919 E VICTORIA ST DESTIN, FL 32541 RANCHO DOMINGUEZ, CA 90221 1115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 58-2196018 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARNER, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 981-3 HWY 98 EAST #289 DESTIN, FL 32541 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition Delete TITLE TITLE DΡ NAME CARNER, JOHN W. NAME CARNER, JOHN W. STREET ADDRESS 2919 E. VICTORIA ST. STREET ADDRESS 981÷3 HWY 98 EAST, #289 RANCHO DOMINGUEZ, CA 90221 CITY-ST-ZIP CITY-ST-ZIP 32541 Destin FL **DVT** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STAFFORD, RICHARD T. NAME 2919 E.VICTORIA ST. STREET ADDRESS STREET ADDRESS RANCHO DOMINGUEZ, CA CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NORTHAM, SANDRA NAME NAME STREET ADDRESS 2919 E.VICTORIA STREET STREET ADDRESS CITY-ST-ZIP RANCHO DOMINGUEZ, CA CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 in other like empowered.

SIGNATURE: