

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # H38116

1. Entity Name
N H A CORPORATION OF FLORIDA



Principal Place of Business
**C/O RAYMOND SPONDER
6548 NW 13TH COURT
PLANTATION, FL 33313**

Mailing Address
**C/O RAYMOND SPONDER
6548 NW 13TH COURT
PLANTATION, FL 33313**



DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0121094

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPONDER, RAYMOND
6548 NW 13TH COURT
PLANTATION, FL 33313**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000175703
01/10/05-80061-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPONDER, RAYMOND 6548 NW 13TH CT. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SPONDER, MYRON 6548 NW 13TH CT PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SPONDER, BARBARA 6548 NW 13TH CT PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Sponder 954.584.1005
Date Daytime Phone #