

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # H43279

1. Entity Name
CINDY LOU FLEET, INC.



Principal Place of Business
720 SCALLOP DRIVE
727 SCALLOP DRIVE
CAPE CANAVERAL, FL 32920

Mailing Address
720 SCALLOP DRIVE
727 SCALLOP DRIVE
CAPE CANAVERAL, FL 32920



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-2498032
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, ALLEN C.D., II
727 SCALLOP DR.
CAPE CANAVERAL, FL 32920

**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

UN00000332166
04/26/05-80047-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	ROSEN, JONATHAN P
STREET ADDRESS	302 FIFTH AVE.
CITY - ST - ZIP	NEW YORK, NY
TITLE	PSTD
NAME	BERGMAN, HARRY
STREET ADDRESS	302 FIFTH AVE.
CITY - ST - ZIP	NEW YORK, NY
TITLE	AS
NAME	NUGEN, BRENDA E
STREET ADDRESS	727 SCALLOP DR
CITY - ST - ZIP	CAPE CANAVERAL, FL 32920

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
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)(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:

Brenda E. Nugen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda E. Nugen

4-21-05

321-799-2860

Date

Daytime Phone #