


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90073 038 ***150.00

DOCUMENT # H59159
 1. Entity Name
NATURAL SYSTEMS ANALYSTS, INC.



Principal Place of Business Mailing Address
631 SOUTH ORLANDO AVE. **PO BOX 1598**
SUITE 200 **WINTER PARK FL 32790**
WINTER PARK FL 32789

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1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
500 South Delaney Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando, FL 32801

4. FEI Number **59-2535413** Applied For
 Not Applicable

Zip Country Zip Country
32801 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GOTTFRIED, PETER K.
631 SOUTH ORLANDO AVE.
SUITE 200
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name **Gottfried Peter K**
 Street Address (P.O. Box Number is Not Acceptable)
500 South Delaney Ave
 City **Winter Park** **FL** Zip Code **32801**

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]* **Peter K. Gottfried** **1/26/05**
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT <input type="checkbox"/> Delete
NAME	GOTTFRIED, PETER K.
STREET ADDRESS	1841 CARROLLEE LANE
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	S <input type="checkbox"/> Delete
NAME	GOTTFRIED, SUSAN
STREET ADDRESS	1841 CARROLLEE LANE
CITY-ST-ZIP	WINTER PARK FL 23789
TITLE	VP <input type="checkbox"/> Delete
NAME	STOUT, JACK
STREET ADDRESS	Univ. Central FL Biology Dept.
CITY-ST-ZIP	Orlando 32816
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* **Peter K. Gottfried** **1/26/05 407-718-3880**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #