

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90266 038 ***150.00

DOCUMENT # J07460

1. Entity Name

NYLE DRYING SYSTEMS, INC.



Principal Place of Business

% RICHARD N. FRIEDMAN
9655 S DIXIE HWY, STE 209
MIAMI FL 33156
US

Mailing Address

% RICHARD N. FRIEDMAN
9655 S DIXIE HWY, STE 309
MIAMI FL 33156
US

2. Principal Place of Business

c/o RICHARD N. FRIEDMAN

3. Mailing Address

c/o RICHARD N. FRIEDMAN

Suite, Apt. #, etc.

8925 SW 148TH ST, STE 200

Suite, Apt. #, etc.

8925 SW 148TH ST, STE 200

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

US

Zip

33176

Country

US



MOORE

CR2E034 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIEDMAN, RICHARD N.
9655 S DIXIE HWY
STE 209
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **FRIEDMAN, RICHARD N.**

Street Address (P.O. Box Number is Not Acceptable)

8925 SW 148TH ST, STE 200

City

MIAMI

FL

Zip Code

33176

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **NYER, SAMUEL**
STREET ADDRESS **72 CENTER ST**
CITY-ST-ZIP **BANGOR ME**

TITLE **P** ☐ Delete
NAME **LEWIS, DONALD C.**
STREET ADDRESS **72 CENTER ST.**
CITY-ST-ZIP **BREWER ME**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD C LEWIS

4/20/04

Date

207-989-4335

Daytime Phone #