

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J07591**  
 1. Entity Name  
 N.S.I. MANAGEMENT, INC.



Principal Place of Business: 5215 S. WESTSHORE BLVD., #29 TAMPA, FL 33611 US  
 Mailing Address: 5215 S. WESTSHORE BLVD., #29 TAMPA, FL 33611 US

**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 59-2672590 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 POSTON, WILLIAM G  
 5215 S. WESTSHORE BLVD., #29  
 TAMPA, FL 33611

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 U00000141699  
 04/30/04-80023-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	O'NEILL, PATRICK J.
STREET ADDRESS	5215 S. WESTSHORE BLVD., #29
CITY - ST - ZIP	TAMPA, FL 33611
TITLE	P
NAME	POSTON, WILLIAM GL
STREET ADDRESS	5215 S. WESTSHORE BLVD., #29
CITY - ST - ZIP	TAMPA, FL 33611
TITLE	S
NAME	STEWART, KARIN A
STREET ADDRESS	4911 W MCELROY AE
CITY - ST - ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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)(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 empowerments.  
 SIGNATURE: P. O'Neill Date: 4/12/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #