2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# J81896

Entity Name: N & R OF TAMPA BAY, INC.

Current Principal Place of Business:

8625 GUNN HWY.
ODESSA, FL 33356 US

New Principal Place of Business:

Current Mailing Address:

5113 PENNSBURY DR
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-2817718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARAMCHAND, CHANDRAUKUAR
5113 PENNSBURY DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHANDRAKUAR,NAVINCHA, NDRA
Address: 4126 HOLLOWTRAIL
City-St-Zip: TAMPA, FL

Title: STD ( ) Delete
Name: HAIRBANCE, ROOPNARAI, NE
Address: 15814 PENNINGTON RD
City-St-Zip: TAMPA, FL

Title: VPD ( ) Delete
Name: CHANDRAKUAR, KARAMCHAND
Address: 5113 PENNSBURY DR
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHANDRAKUAR,NAVINCHA, NDRA
Address: 4126 HOLLOWTRAIL
City-St-Zip: TAMPA, FL 33624

Title: STD (X) Change ( ) Addition
Name: HAIRBANCE, ROOPNARAI, NE
Address: 15814 PENNINGTON RD
City-St-Zip: TAMPA, FL 33624

Title: VPD (X) Change ( ) Addition
Name: CHANDRAKUAR, KARAMCHAND
Address: 5113 PENNSBURY DR
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARAMCHAND CHANDRAKUAR MR 04/08/2005

Electronic Signature of Signing Officer or Director Date