## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K70443

Entity Name: N.S. NETTLES & ASSOCIATES, INC.

FILED Jan 03, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

201 ROOSEVELT BLVD 402 TAMPA ROAD

TARPON SPRINGS, FL 34689 PALM HARBOR, FL 34683 LIS US

**Current Mailing Address: New Mailing Address:** 

201 ROOSEVELT BLVD 402 TAMPA ROAD

PALM HARBOR, FL 34683 TARPON SPRINGS, FL 34689 US US

FEI Number: 59-2994104 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NETTLES, SANDY NETTLES, SANDY 201 ROOSEVELT BLVD 402 TAMPA ROAD

TARPON SPRINGS, FL 34689 PALM HARBOR, FL 34683 US US

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: SANDY NETTLES 01/03/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** () Delete

Title:

DPS

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

NETTLES, SANDY, Name: Name: NETTLES, SANDY, 2105 ALEXIS CT 3043 WOODSONG LANE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: PALM HARBOR, FL 34683

Title: Title: (X) Change ( ) Addition () Delete NETTLES, SANDY, Name: Name: NETTLES, SANDY,

3043 WOODSONG LANE Address: 2105 ALEXIS CT Address: TARPON SPRINGS, FL 34689 City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683

( ) Delete Title: (X) Change ( ) Addition Title:

NETTLES, KAREN NETTLES, KAREN Name: Name: 2105 ALEXIS CT 3043 WOODSONG LANE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: PALM HARBOR, FL 34683

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: SANDY NETTLES **PRES** 01/03/2005