2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 02, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L17559 NEST LOUNGE, INC.		06-02-2005 90002 032 ***150.00					
Principal Place	e of Business	Mailing Address		1				
		1449 WATERMILL CIR	4000 7004 UE		-	0050		
TARPON SPR	INGS, FL 34689-6901 US	TARPON SPRINGS, FL 3	34689-7031 US		9	0053219		
2. Principal D	less of Business	2. Mailing Addrson		_				
2. Principal Place of Business		3. Mailing Address			1116 1110 1110 1110 1110 1110 1110 1110 1110 1110 1110 1110 1110 1110 11		III I II I I I I I I I I I I I I I I I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05192005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numb 59-297		 	pplied For ot Applicable	
Zip	Country	Zip ~: * -	Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
	~6.~Name and Address of Current R	egistered Agent	~	7Name.and	Address of New	Registered Agent		
BOWSER	DAI DH	Nāme	Name					
BOWSER, RALPH 1449 WATERMILL CIR TARPON SPRINGS, FL 34689			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
TAIN ON	51 (MAGO, 1 E 04000	•						
			City			FL Zip Coo	de	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or registr	ered agent, or bo	th, in the State of F	lorida. I am familiar with	, and accept	
CICNATURE								
SIGNATURE_	Signature, typed or printed name of registered agent an	d litle il applicable. (NOTE	: Registered Agent signature require	ed when reinstating)	<u> </u>	DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign F Trust Fund Contribut				5.00 May Be ided to Fees	In accordance corporation die	with s. 607.193(2)(b) d not receive the prior	, F.S., the notice.	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
TITLE	PD	☐ Detete	TITLE			☐ Change	Addition	
NAME	BOWSER, RALPH		NAME STREET ADORESS				ļ	
STREET ADDRESS CITY-ST-ZIP	1449 WATERMILL CIR TARPON SPRINGS, FL 34689		CITY-ST-ZIP					
TITLE	STD	Delete	TOTLE			☐ Change	Addition	
NAME STREET ADDRESS	BOWSER, ROSEMARIE 1449 WATERMILL CIR		NAME STREET ADDRESS				-	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-S1-ZIP				j	
TITLE		☐ Delete	TITLE			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY - ST - ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-\$1-ZIP								
			CITY+ST+ZIP					
TITLE		☐ Delete	1FTLE			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete				☐ Change	☐ Addition	

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

RALPH BOWSER 5-30-05) 727) 938-3865