


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L54709	
1. Entity Name NUR-SURE, INC.	

Principal Place of Business C/O SUE PRATO CROSBY 2299 N.W. 21ST PLACE GAINESVILLE, FL 32605	Mailing Address C/O SUE PRATO CROSBY 2299 N.W. 21ST PLACE GAINESVILLE, FL 32605
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03142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2992377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CROSBY, SUE PRATO 2299 N.W. 21ST PLACE GAINESVILLE, FL 32605
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CROSBY, SUE PRATO 2299 NW 21ST PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROSBY, KEVIN JAMES 2299 NW 21ST PLACE GAINESVILLE, FL
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03/22/04-80057-010 150.00

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: Sue Prato Crosby **SUE PRATO CROSBY** 3/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President, NUR-SURE, INC