

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90312 005 ****61.25

| | | | |
|---|--|---|---|
| DOCUMENT # N04000004320 1. Entity Name NAVAL ENLISTED BOMBARDIER/NAVIGATORS, INC. | | | |
| Principal Place of Business 691 SHADY CT ALTAMONTE SPRINGS, FL 32701 | | Mailing Address 691 SHADY CT ALTAMONTE SPRINGS, FL 32701 | |
| 2. Principal Place of Business 214 S. Albany Ave | | 3. Mailing Address 214 S. Albany Ave | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Tampa, FL | | City & State Tampa, FL | |
| Zip 33606-1713 | | Zip 33606-1713 | |
| Country USA | | Country USA | |
| 4. FEI Number 61-1471642 | | 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 OSBORNE, JAMES T 691 SHADY CT ALTAMONTE SPRINGS, FL 32701 | | 7. Name and Address of New Registered Agent Name PIERCE, Donald W. Street Address (P.O. Box Number is Not Acceptable) 214 S. Albany Ave. City Tampa FL 33606-1713 | |
| 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 <i>Donald W. Pierce</i> Signature, typed or printed name of registered agent and title if applicable. | | DATE 3-9-2005 (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTIN, RICHARD 117 N SUNLAND DR SANFORD, FL 32773 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS NOTO, CARL D 7316 ARROWHEAD RUN BRADENTON, FL 34202 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LINDT, JIMMIE L 13083 CONCORD DR W LILLIAN, AL 36549 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEERS, GEORGE E 506 HERRERA CT LADY LAKE, FL 32159 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUSGROVE, WAYNE 31 CRANE PARK HATTIESBURG, MS 394028249 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PIERCE, DONALD W 214 S ALBANY AVE TAMPA, FL 33606 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 employees. | | | |
| SIGNATURE: <i>Donald W. Pierce</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 3-9-2005 813-250-6289 Daytime Phone # | |