

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91058 007 ***158.75

DOCUMENT # P00000040001

1. Entity Name
N.A.T. ENTERPRISES, INC.



Principal Place of Business
10740 N. 56TH STREET, #134
TAMPA, FL 33617 US

Mailing Address
10740 N. 56TH STREET, #134
TAMPA, FL 33617 US

94082468

2. Principal Place of Business

3. Mailing Address

405 S. Dale Mabry Hwy.
Suite, Apt. #, etc.
Suite #115

405 S. Dale Mabry Hwy.
Suite, Apt. #, etc.
Suite #115

City & State
Tampa, Florida
Zip
33609 Country
U.S.A.

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Tampa, Florida
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04192004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1000859

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACKER, NATALIE D
10740 N. 56TH STREET, #134
TAMPA, FL 33617

7. Name and Address of New Registered Agent

Name
Natalie D. Packer
Street Address (P.O. Box Number is Not Acceptable)
405 S. Dale Mabry Hwy Suite #115
City
Tampa FL Zip Code
33609

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 Natalie D. Packer DATE 4/26/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PACKER, NATALIE D 10740 N. 56TH STREET, APT. #134 TAMPA, FL 33617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Natalie D. Packer 405 S. Dale Mabry Hwy. Suite #115 Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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: Natalie D. Packer DATE: 4/26/04 (813) 760-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR