

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # P00000052385

1. Entity Name

NELLE H. AYRES CONSULTANTS, INC.



Principal Place of Business

545 CONIFER ST.
MELBOURNE FL 32904

Mailing Address

545 CONIFER ST.
MELBOURNE FL 32904

2. Principal Place of Business

545 Conifer St.

3. Mailing Address

545 Conifer St.



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

02-0655398

Applied For

Not Applicable

Zip

Country

32904

USA

Zip

Country

32904

Brevard

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, MICHAEL H ESQ.
482 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME AYRES, NELLE H
STREET ADDRESS 545 CONIFER ST.
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: NELLE H. AYRES *Nelle H. Ayres* 4/21/05 321-733-0076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #