

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000087224

1. Entity Name
NTS INVESTMENTS, INC.



Principal Place of Business
2730-A US 1 SOUTH
ST. AUGUSTINE, FL 32086

Mailing Address
2730-A US 1 SOUTH
ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

**FILED
Mar 23, 2005 8:00 am
Secretary of State**

03-23-2005 90052 044 ***150.00



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3460366	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

HALL, JR, CHARLES E
77 ALMERA ST.
ST. AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMOCK, MICHAEL
STREET ADDRESS 2730-A U.S. 1 SOUTH
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE T
NAME SMOCK, TARA D
STREET ADDRESS 2730-A U.S. 1 SOUTH
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Michael SMOCK* 3-22-05 804-541-5624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #