

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90093 031 ***150.00

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1. Entity Name
**NATIONAL ASSOCIATION OF PROCUREMENT
PROFESSIONALS, INC.**



Principal Place of Business
**601 ELKCAM CIRCLE, STE. C-5
MARCO ISLAND, FL 34145**

Mailing Address
**601 ELKCAM CIRCLE, STE. C-5
MARCO ISLAND, FL 34145**

50022020



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
37-1434936

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KREIDER, LARRY
601 ELKCAM CIRCLE, STE. C-5
MARCO ISLAND, FL 34145**

**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 *Larry Kreider* **LARRY KREIDER** 2/24/05
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 ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KREIDER, LARRY 601 ELKCAM CIRCLE, STE. C-5 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELKO, DAVID M 8900 LANDIS AVE WEST SEA ISLE CITY, NJ 08243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRILLO, SAL 433 5TH STREET BROOKLYN, NY 11215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KURYEA, BARBARA 6000 PELICAN BAY BLVD #64102 15891 DELASOL LANE NAPLES, FL 34108 34110
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: *Larry Kreider* **LARRY KREIDER** 2/24/05 239-393-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

~~#~~ 00000097244
50022020

NOTE:

ADDRESS CHANGE:

S

BARBARA KURYEA
15891 DELASOL LANE
NAPLES, FL 34110

NEXTEL

How business gets done.®
