

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000097244

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



Principal Place of Business
1570 DOXEE TERR
MARCO ISLAND, FL 34145

Mailing Address
1570 DOXEE TERR
MARCO ISLAND, FL 34145

FILED
Mar 01, 2007 08:00 AM
Secretary of State



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1434936

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KREIDER, LARRY
1570 DOXEE TERR
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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000652403
03/12/07-80016-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KREIDER, LARRY
1570 DOXEE TERR
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
15891 DELA SOL LANE
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY KREIDER

2/27/07

239-398-2220

Date

Daytime Phone #