

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90062 042 ***150.00

DOCUMENT # P01000022413

1. Entity Name
NEVITT, INC.



Principal Place of Business
140 RESERVE CIRCLE
#208
OVIDO, FL 32765

Mailing Address
140 RESERVE CIRCLE
#208
OVIDO, FL 32765

94043609



2. Principal Place of Business

1250 Gulf Blvd.
Suite, Apt. #, etc.
803

3. Mailing Address

9807 Gable Ridge Ter.
Suite, Apt. #, etc.
K

03312004 Chg-P CR2E034 (10/03)

City & State

Clearwater, FL

City & State

Rockville, MD

4. FEI Number

65-1079754

Applied For

Not Applicable

Zip
33767

Country
USA

Zip
20850

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEVITT, MARTIN P MD, MPH
140 RESERVE CIRCLE
#208
OVIDO, FL 32765

7. Name and Address of New Registered Agent

Name Nevitt, Martin P MD, MPH
Street Address (P.O. Box Number is Not Acceptable)
1250 Gulf Blvd.
#803
City Clearwater FL Zip Code 33767

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

Martin P Nevitt

3/31/04

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, 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 DPST
NAME NEVITT, MARTIN P
STREET ADDRESS 140 RESERVE CIRCLE #208
CITY-ST-ZIP OVIDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Martin P Nevitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 4075388545

Date

Daytime Phone #