


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90569 016 ***150.00

DOCUMENT # P01000102261

1. Entity Name
N&M AUTO, INC.



Principal Place of Business
**305 REGENCY ST.
 DAVENPORT, FL 33896**

Mailing Address
**305 REGENCY ST.
 DAVENPORT, FL 33896**

2. Principal Place of Business
725 S. Glencruiten Ave.

3. Mailing Address
725 S. Glencruiten Ave.

Suite, Apt. #, etc.

City & State
Lake Alfred, FL


City & State
Lake Alfred, FL

Zip
33850

Country

Zip
33850

Country



04282005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3751797

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BEAL, NORMAN R
 305 REGENCY ST.
 DAVENPORT, FL 33896**

7. Name and Address of New Registered Agent

Name
Maria Beal

Street Address (P.O. Box Number is Not Acceptable)
725 S. Glencruiten Avenue

City
Lake Alfred **FL** Zip Code
33850

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: *Maria Beal* DATE: **4-28-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEAL, NORMAN R 305 REGENCY ST. DAVENPORT, FL 33896 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 725 S. Glencruiten Ave. Lake Alfred, FL 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAL, L. MARIA 305 REGENCY ST. DAVENPORT, FL 33896 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 725 S. Glencruiten Ave. Lake Alfred, FL 33850
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Maria Beal* DATE: **4-28-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #