## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 24, 2005 08:00 AM DOCUMENT # P02000013100 1. Entity Name **Secretary of State** NEV ENTERPRISES, INC. Principal Place of Business Mailing Address 8345 CONGRESS ST. PORT RICHEY FL 34668 8345 CONGRESS ST. PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 01-0599133 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALAY, JAMES N 8345 CONGRESS ST. Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete BILLE Change Addition BALAY, JAMES N NAME NAME STREET ADDRESS 8345 CONGRESS ST. STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-7IP ☐ Delete UUUUUU 92047 IIILE Change DELF ☐ Addition 01/25/05-80003-024 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST-ZIP Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7/P TITLE Delete Hitrs Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THLE ☐ Delete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHTY-ST-ZIP HILE ☐ Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST 71P

ATURE AND TYPED OR PRINTED NAME OF STORING PRICER OR DIRECTOR

7.27 - 84.7-Daytme Phone #

FILED