

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000042556

1. Entity Name
NASEED MANAGEMENT CORPORATION



Principal Place of Business
2022 WAHNSH WAY
TALLAHASSEE, FL 32310

Mailing Address
P.O. BOX 6132
TALLAHASSEE, FL 32304-6132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number
50-0003668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWELL, JANICE M
1344 S. BRONOUGH ST.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Noland, Melissa A.

Street Address (P.O. Box Number is Not Acceptable)
4965 Leah Lane

City Tallahassee FL Zip Code 32303

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 obligation of registered agent.

SIGNATURE

Melissa Noland

4/30/04

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

RKH

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JONES, EDWARD J JR.
STREET ADDRESS 513 OSCEOLA ST.
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE TD ☐ Delete
NAME NOLAND, MELISSA A
STREET ADDRESS 4965 LEAH LANE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE SD ☒ Delete
NAME HOWELL, JANICE M
STREET ADDRESS 1344 S. BRONOUGH ST
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
700036050147
05/11/04--01032--020 **150.00

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

☒ Change ☐ Addition
TITLE SD
NAME Howell, Casandra J.
STREET ADDRESS 729 Efferson Street
CITY-ST-ZIP Tallahassee, Fla. 32302

☐ Change ☐ Addition
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

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:

Melissa Noland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #