

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000075331

1. Entity Name
NORTHEASTERN FLORIDA IMPORTS, INC.



Principal Place of Business
33 CRYSTAL BAY COURT
PALM COAST, FL 32137

Mailing Address
46 DUCHESS COURT
FREEHOLD, NJ 07728



01272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1542499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUSSMAN, HARVEY
33 CRYSTAL BAY COURT
PALM COAST, FL 32137

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000028779
02/26/08-80014-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. SUSSMAN, HARVEY P 33 CRYSTAL BAY COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS. SUSSMAN, KATHRYN VP 33 CRYSTAL BAY COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR GOLLINGE, WALTER VP 46 DUCHESS COURT FREEHOLD, NJ 07728
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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

Date

Daytime Phone #

WALTER GOLLINGE VP 2/11/08 732 462 7327