



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000011406 1. Entity Name NATIONAL PROJECT MANAGEMENT, INC.						FILED 04 JUL 12 AM 9:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1820 MEADOWOOD STREET SARASOTA, FL 34231 US				Mailing Address P.O. BOX 2286 SARASOTA, FL 34230 US			
2. Principal Place of Business		3. Mailing Address				07072004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 22-3894830				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOZIER, THOMAS 2407 FRUITVILLE ROAD SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100040090971 08/11/04--01062--004 **\$1.25 City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PRES MCNALLY, WILLIAM J 105 SARASOTA QUAY SARASOTA, FL 34236		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES MCNALLY, SCOTT W 105 SARASOTA QUAY SARASOTA, FL 34236		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE. PRES MCNALLY, TODD J 105 SARASOTA QUAY SARASOTA, FL 34236		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY MCNALLY, WILLIAM J 105 SARASOTA QUAY SARASOTA, FL 34236		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP TREASURER MCNALLY, TODD J 105 SARASOTA QUAY SARASOTA, FL 34236		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		<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, changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____				Date: 7/7/04 Daytime Phone #: 941-362-5750			