


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000011406
1. Entity Name
NATIONAL PROJECT MANAGEMENT, INC.



Principal Place of Business
**6330 HOLLYWOOD BLVD
SARASOTA, FL 34233 US**

Mailing Address
**P.O. BOX 2286
SARASOTA, FL 34230 US**

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3894830 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOZIER, THOMAS
2407 FRUITVILLE ROAD
SARASOTA, FL 34237**

**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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**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

TITLE	PRES
NAME	MCNALLY, SCOTT
STREET ADDRESS	105 SARASOTA QUAY
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VP
NAME	MCNALLY, TODD J
STREET ADDRESS	105 SARASOTA QUAY
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	S
NAME	MCNALLY, WILLIAM J
STREET ADDRESS	105 SARASOTA QUAY
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	T
NAME	MCNALLY, TODD J
STREET ADDRESS	105 SARASOTA QUAY
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 empowerment.

SIGNATURE:  **4/18/05** **941-362-5750**

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