

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90209 047 ***150.00

| | | | |
|---|---------------------------------|--|---|
| DOCUMENT # P03000012501 1. Entity Name NP CONSULTING INC. | | | |
| Principal Place of Business 725 AVOCADO DR MERROY ISLAND, FL 32953 | | Mailing Address 725 AVOCADO DR MERROY ISLAND, FL 32953 | |
| 2. Principal Place of Business 725 Avocado Dr Suite, Apt. #, etc. | | 3. Mailing Address 725 Avocado Dr Suite, Apt. #, etc. | |
| City & State Merritt Island, FL Zip 32953 | | City & State Merritt Island, FL Zip 32953 | |
| 4. FEI Number 04-3748798 | | 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 PETERS, NANCY E 725 AVOCADO DR MERROY ISLAND, FL 32953 | | 7. Name and Address of New Registered Agent Name Nancy E Taylor Street Address (P.O. Box Number is Not Acceptable) 725 Avocado Dr City Merritt Island FL Zip Code 32953 | |
| 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: <i>Nancy E Taylor</i> (NOTE: Registered Agent signature required when reinstating) DATE: April 24, 2004 | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nancy Taylor President 725 Avocado Dr. Merritt Island, FL 32953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Nancy E Taylor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE: April 24, 2004 DAYTIME PHONE #: 321-531-7299 | |