

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 24, 2004 8:00 am
Secretary of State

04-29-2004 90314 036 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000031021					
1. Entity Name NU GEO INFO, INC.					
Principal Place of Business 1206 MANATEE AVENUE WEST BRADENTON FL 34205			Mailing Address 1206 MANATEE AVENUE WEST BRADENTON FL 34205		
2. Principal Place of Business		3. Mailing Address P.O. Box 578			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SARASOTA, FL		4. FEI Number 65-0316270	
Zip		Zip 34230		Country USA	
Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOWZE, JAMES A 1206 MANATEE AVENUE WEST BRADENTON FL 34205			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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		James A. Howze		James A. Howze	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE 4-26-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	D	<input type="checkbox"/> Delete	TITLE	PST D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWZE, JAMES A		NAME	Howze, James A	
STREET ADDRESS	11020 BRISTOL BAY DRIVE #514		STREET ADDRESS	P.O. Box 578	
CITY-ST-ZIP	BRADENTON FL 34209		CITY-ST-ZIP	SARASOTA, FL 34230	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Howze, James A	
STREET ADDRESS			STREET ADDRESS	P.O. Box 578	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA, FL 34230	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:		James A. Howze		4-26-04 941-704-9821	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	