

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041004

1. Entity Name
N O S ENTITIES, INC



Principal Place of Business

4411 N W 18TH PLACE
GAINESVILLE, FL 32605 US

Mailing Address

4411 N W 18TH PLACE
GAINESVILLE, FL 32605 US

2. Principal Place of Business - No P.O. Box #

4411 N.W. 18 Place

3. Mailing Address

4411 NW. 18th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



05052010

Chg-P

CR2E034 (11/08)

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3245045

Applied For

Not Applicable

Zip

32605

Country

ALACHUA

Zip

32605

Country

ALACHUA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OEHMIG, EDWARD W
4411 N W 18TH PLACE
GAINESVILLE, FL 32605

7. Name and Address of ~~Current~~ Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

SAME

City

SAME

FL

Zip Code

SAME

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

Edward W. Oehmig

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when translating)

6/22/10

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010

Pol
5/6/10

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SMGR
OEHMIG, EDWARD W
4411 N W 18TH PLACE
GAINESVILLE, FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCOO
SMILEY, NANCY O
PO BOX 453
ARCHER, FL 32618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
OEHMIG, CAROLYN M
4411 N.W. 18TH PL
GAINESVILLE, FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500180452575
05/06/10--01008--018 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
E-MAIL
GATOR ED 2 @ MSN.COM ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Edward W. Oehmig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

EDWARD W. OEHMIG

352-372-3722

6/22/10

Daytime Phone #