


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90029 027 ***150.00

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|---|---|--|--|
| DOCUMENT # P03000053138 1. Entity Name NENA ENTERPRISES INC. | |  | |
| Principal Place of Business 638 E TALWOOD CIR BRANDON, FL 33510 | | Mailing Address 638 E TALWOOD CIR BRANDON, FL 33510 | |
| 2. Principal Place of Business 15044 Madeira Way Suite, Apt. #, etc. | | 3. Mailing Address 15044 Madeira Way Suite, Apt. #, etc. | |
| City & State Madeira Beach, FL Zip 33708 | | City & State Madeira Beach, FL Zip 33708 | |
| 4. FEI Number 13-4251215 | | 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 LUX, EMIL 638 E TALWOOD CIR BRANDON, FL 33510 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15044 Madeira Way City Madeira Beach FL Zip Code 33708 | |
| 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: <u><i>EMIL LUX</i></u> EMIL LUX 3-10-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| 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 | PD LUX, EMIL 638 E TALWOOD CIR BRANDON, FL 33510 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GRIGGS, LINDA 638 E TALWOOD CIR BRANDON, FL 33510 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 15044 Madeira Way Madeira Beach, FL 33708 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <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: <u><i>EMIL LUX</i></u> EMIL LUX 3-10-04 393-9816 <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small> | | (227) | |