

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90045 038 ***150.00

<div style="display: flex; justify-content: space-between;"> ☐☐☐☐☐☐☐☐ P03000063140 </div>																																																																																			
1. Entity Name NERNG INN CORPORATION																																																																																			
Principal Place of Business 10938 N. 56TH ST. TAMPA, FL 33617		Mailing Address P.O. BOX 20236 ST. PETERSBURG, FL 33742																																																																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6103 OAK FERN CT Suite, Apt. #, etc.																																																																																	
City & State TAMPA FL		4. FEI Number 16-1670731																																																																																	
Zip 33617		Country USA																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75		Applied For Not Applicable																																																																																	
6. Name and Address of Current Registered Agent HETZEL, TARA 9100 9TH ST N #403 ST. PETERSBURG, FL 33702																																																																																			
7. Name and Address of New Registered Agent Name: VORAVUT NERNG-INN Street Address (P.O. Box Number is Not Acceptable): 6103 OAK FERN CT City: TAMPA FL Zip Code: 33617																																																																																			
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>[Signature]</i> DATE: 3/25/05																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> </tr> <tr> <td></td> <td>P YARBROUGH, RUJEEERAT</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1626 GROVE ST.</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33755</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td>S NERNG-INN, NAIYANA</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1626 GROVE ST.</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33755</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td>VP NERNG-INN, VARAPORN</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1626 GROVE ST.</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33755</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td>T NERNG-INN, VORAVUT</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1626 GROVE ST.</td> <td>STREET ADDRESS</td> <td>6103 OAK FERN CT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33755</td> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33617</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	NAME	TITLE	NAME		P YARBROUGH, RUJEEERAT			STREET ADDRESS	1626 GROVE ST.	STREET ADDRESS		CITY-ST-ZIP	CLEARWATER, FL 33755	CITY-ST-ZIP			S NERNG-INN, NAIYANA			STREET ADDRESS	1626 GROVE ST.	STREET ADDRESS		CITY-ST-ZIP	CLEARWATER, FL 33755	CITY-ST-ZIP			VP NERNG-INN, VARAPORN			STREET ADDRESS	1626 GROVE ST.	STREET ADDRESS		CITY-ST-ZIP	CLEARWATER, FL 33755	CITY-ST-ZIP			T NERNG-INN, VORAVUT			STREET ADDRESS	1626 GROVE ST.	STREET ADDRESS	6103 OAK FERN CT	CITY-ST-ZIP	CLEARWATER, FL 33755	CITY-ST-ZIP	TAMPA FL 33617					STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP						STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		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 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>[Signature]</i> DATE: 3/25/05 (424) 688-8310																																																																																			