

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066312

Entity Name: NEXCENTRI, INC.

FILED
Mar 13, 2008
Secretary of State

Current Principal Place of Business:

P. O. BOX 18138
CLEARWATER, FL 33762

New Principal Place of Business:

P. O. BOX 4406
TAMPA, FL 33677

Current Mailing Address:

P. O. BOX 18138
CLEARWATER, FL 33762

New Mailing Address:

P. O. BOX 4406
TAMPA, FL 33677

FEI Number: 55-0836938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, GREGORY A
28050 U.S. 19 NORTH
SUITE 100
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HOLLOWAY, JASON C
Address: 1540 W. CLEVELAND STREET
City-St-Zip: TAMPA, FL 33606

Title: S () Delete
Name: SPAGNOLO, RALPH S
Address: 1540 W. CLEVELAND STREET
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: ALVAREZ, CARMEN
Address: 1540 W. CLEVELAND STREET
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HOLLOWAY, JASON C
Address: PO BOX 4406
City-St-Zip: TAMPA, FL 33677

Title: S (X) Change () Addition
Name: SPAGNOLO, RALPH S
Address: PO BOX 4406
City-St-Zip: TAMPA, FL 33677

Title: T (X) Change () Addition
Name: ALVAREZ, CARMEN
Address: PO BOX 4406
City-St-Zip: TAMPA, FL 33677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN ALVAREZ

T

03/13/2008

Electronic Signature of Signing Officer or Director

Date