



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000067629</b> 1. Entity Name NURSE WITHOUT BOUNDARIES, INC					
Principal Place of Business 2620 S PENINSULA DR. DAYTONA BEACH FL 32118		Mailing Address 2620 S PENINSULA DR. DAYTONA BEACH FL 32118			
2. Principal Place of Business  Suite, Apt #, etc.		3. Mailing Address  Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>56-2369630</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  LIGHTFIVE, MARY 2620 S PENINSULA DR DAYTONA BEACH FL 32118				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City	
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.				Applied For <input checked="" type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P LIGHTHINE, MARY 2620 S PENINSULA DR DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000231286 02/16/05-80023-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			president		2/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		386 304-0533 Daytime Phone #