

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90044 003 ***150.00

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01122005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000016213			
1. Entity Name NANCY KOECK INC.			
Principal Place of Business 8479 IMPERIAL CIR PALMETTO, FL 34221		Mailing Address 8479 IMPERIAL CIR PALMETTO, FL 34221	
2. Principal Place of Business 433 Tropic Dr Suite, Apt. #, etc.		3. Mailing Address 433 Tropic Dr Suite, Apt. #, etc.	
City & State Palmetto, FL Zip 34221 Country USA		City & State Palmetto, FL Zip 34221 Country USA	
4. FEI Number 20-0590452		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent WAARDENBURG, NANCY L 8479 IMPERIAL CIR PALMETTO, FL 34221		7. Name and Address of New Registered Agent Name WAARDENBURG, NANCY L Street Address (P.O. Box Number is Not Acceptable) 433 Tropic Dr City PALMETTO FL Zip Code 34221	
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>Nancy L. Waardenburg</u> <u>Nancy L. Waardenburg</u> <u>1/12/05</u> <small>Signature, hand or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)</small>			
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 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	D WAARDENBURG, NANCY L 8479 IMPERIAL CIR PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAARDENBURG, NANCY L 433 Tropic Dr Palmetto, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>Nancy L. Waardenburg</u> <u>Nancy L. Waardenburg</u>		Date <u>1/12/05</u> Daytime Phone # <u>941-721-1657</u>	