

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90074 042 \*\*\*150.00

**DOCUMENT # P04000016213**

1. Entity Name  
**NANCY KOECK INC.**



Principal Place of Business  
**433 TROPIC DR  
PALMETTO, FL 34221**

Mailing Address  
**433 TROPIC DR  
PALMETTO, FL 34221**

2. Principal Place of Business  
**5492 Douglas Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**5492 Douglas Rd**  
Suite, Apt. #, etc.

City & State  
**NORTH PORT, FLORIDA**  
Zip  
**34288**  
Country  
**SARASOTA**

City & State  
**NORTH PORT, FLORIDA**  
Zip  
**34288**  
Country  
**SARASOTA**

01092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0590452**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WAARDENBURG, NANCY L  
433 TROPIC DR  
PALMETTO, FL 34221**

7. Name and Address of New Registered Agent

Name  
**WAARDENBURG, NANCY L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5492 Douglas Rd**  
City  
**NORTH PORT** FL Zip Code  
**34288**

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 *Nancy L. Waardenburg*  
Signature, typed or printed name of registered agent and title (if applicable).

**1/26/06**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WAARDENBURG, NANCY L  
433 TROPIC DR.  
PALMETTO, FL 34221** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WAARDENBURG, NANCY L.  
5492 Douglas Rd  
NORTH PORT FL 34288** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Nancy L. Waardenburg* **NANCY L. WAARDENBURG** **1/26/06** **941-426-7279**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #