## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90056 024 \*\*\*150.00

DOCUMENT # P04000026942  1. Entity Name NATALIE ZIMMER AND ASSOCIATES, INC.			02-07-2005	90056 024 ***150.00	
Principal Place of Business	Mailing Address	· ·	1		
959 ENGLIS JOWN LANE	959 ENGLIS TOWN LANE		40013	<b>5</b> 77	
#223	3 #223			40019	011
WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708				BIN BIBN BBIN BBN BBN	N BUNG MEN BISIS KEM GIBSE MENDE M 1981
2. Principal Place of Business 130 (umbridge ) TIVE	3. Mailing Address 130 Campyidge Drive				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_ g · 1 • -	01062005	Chg-P	CR2E034 (10/03)
City & State Congueted Florida	City & State	Florida	4. FEI Number	20-071	Applied For Not Applicable
32779 Seminde	32779	Somulale		f Status Desired	S8.75 Additional Fee Required
Name and Address of Current Registered Agent     Name and Address of New Registered Agent					
000 211021011 1011112			(P.O. Box Number	is Not Acceptable	(e)
#223	range "				
G	a f	City		······································	FL Zip Code
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typod or printed name of registance gent.	umb	gistered office or registe		, in the State of Flo	orida. I am familiar with, and accept
		· · · · · · · · · · · · · · · · · · ·			
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS 11.			ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTORS IN 11
TITLE P	☐ Delete	TITLE			☐ Change ☐ Addition
NAME ZIMMER, NATALIE	JOK C. LUSE TO	NAME			
STREET ADDRESS   250 ENGLISH TOWN LANE #223 30 (umby idy & DY.   STREET ADDRESS					
CITY-ST-ZIP WINTER SPRINGS, Ft. 32708	Long wood, 12 3277	CITY-ST-ZIP			

10.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P Delete	TITLE	☐ Change ☐ Addition		
NAME	ZIMMER, NATALIE	NAME			
STREET ADDRESS	SED ENGLISH TOWN LANE #223 30 Cumbridge Dr.	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708 Long Wood, PL 3277	CITY-ST-ZIP			
TITLE	SEC Delete	TITLE	☐ Change ☐ Addition		
NAME	7 TRANSCO MATALIE	NAME			
STREET ADDRESS	8-39 ENGLISH TOWN LANE #223/30 Cambridge W.	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32700- LUNGWOOD, FL 32779	CITY-ST-ZIP			
TITLE	Ŭ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME	_ , _		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	Delete	NAME			
STREET ADDRESS		STREET ADDRESS			
CITY+ST-ZIP		CITY-ST-ZIP			
CITT-ST-ZIP		CIT-51-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-\$1-ZIP		CITY-ST-ZIP			
TITLE	. Defete:	TITLE	☐ Change ☐ Addition		
NAME	•	NAME			
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 attaching on the corporation of the receiver of trustee empowered.

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR