


# 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.		

Principal Place of Business <del>959 ENGLISH TOWN LANE</del> <del>#223</del> WINTER SPRINGS, FL 32708	Mailing Address <del>959 ENGLISH TOWN LANE</del> <del>#223</del> WINTER SPRINGS, FL 32708
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40013577



2. Principal Place of Business 130 Cambridge Drive Suite, Apt. #, etc.	3. Mailing Address 130 Cambridge Drive Suite, Apt. #, etc.
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01062005 Chg-P CR2E034 (10/03)

City & State Longwood Florida	City & State Longwood Florida
Zip 32719	Zip 32719
Country Seminole	Country Seminole

4. FEI Number 20-0716698	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZIMMER, NATALIE <del>959 ENGLISH TOWN LANE</del> <del>#223</del> WINTER SPRINGS, FL 32708	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 <i>Natalie Zimmer</i>	DATE 1-6-05

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIMMER, NATALIE <del>959 ENGLISH TOWN LANE #223</del> <del>WINTER SPRINGS, FL 32708</del> 130 Cambridge Dr. Longwood, FL 32719	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ZIMMER, NATALIE <del>959 ENGLISH TOWN LANE #223</del> <del>WINTER SPRINGS, FL 32708</del> 130 Cambridge Dr. Longwood, FL 32719	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		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: <i>Natalie Zimmer</i>	DATE 1-6-05	DAYTIME PHONE # 321-277-2145
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