

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-26-2005 90169 014 \*\*\*150.00  
P04000035322

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<b>DOCUMENT # P04000035322</b> 1. Entity Name <b>NORTH EAST WEST SOUTH COMMUNITY INVESTMENT GROUP, INC.</b>					
Principal Place of Business <b>P O BOX 32086 ST AUGUSTINE, FL 32080-7210</b>			Mailing Address <b>P O BOX 32086 ST AUGUSTINE, FL 32080-7210</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>75-3147011</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HOGAN, BOBBY J 301 CHICKADEE RD ST AUGUSTINE, FL 32080-7210</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4-25-05</b> Daytime Phone # _____		

05 SEP 30 AM 11:36  
SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



04082005 Chg-P CR2E034 (10/03)

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**W. H. O'CONNELL & ASSOCIATES PA**

*Certified Public Accountants*

*1200 N. Ponce De Leon Blvd. Suite 10*

*St. Augustine, FL 32084*

*Phone (904) 829-0082 Fax 904 829-5030 e-mail: tawwho1@bellsouth.net*

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September 30, 2005

Department of State  
Division of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, FL 32314

RE: North East West South Community Investment Group, Inc.  
Document # P04000035322 FEI # 75-3147011

To Whom It May Concern:

This letter is in regards to the notice received by the above client regarding the status of his corporation. The annual report was returned to Mr. Hogan because the FEI Number was missing. Mr. Hogan wrote that number in the report and immediately mailed it back in a timely manner. Apparently, you did not receive this report and we ask that you waive the \$400.00 fee and reinstate his corporation.

Should you have any questions, you may contact me at the above phone number.

Sincerely,



W. Henry O'Connell, CPA