


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90078 025 ***150.00

DOCUMENT # P04000064056	
1. Entity Name WENDY A. NASH, P.A.	

Principal Place of Business 11379 TRADEWINDS BLVD LARGO, FL 33773 US	Mailing Address 11379 TRADEWINDS BLVD LARGO, FL 33773 US
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2. Principal Place of Business 10352 Longwood Dr. Suite, Apt. #, etc.	3. Mailing Address 10352 Longwood Dr. Suite, Apt. #, etc.
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City & State Largo, FL	City & State Largo, FL
Zip 33777	Country USA



04042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1022378	Applied For <input type="checkbox"/> 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 NASH, WENDY A 11379 TRADEWINDS BLVD LARGO, FL 33773	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

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 P	<input type="checkbox"/> Delete	TITLE NASH, WENDY A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 11379 TRADEWINDS BLVD		NAME LARGO, FL 33773	
STREET ADDRESS LARGO, FL 33773		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE NASH, LAURANCE E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 11379 TRADEWINDS BLVD		NAME LARGO, FL 33773	
STREET ADDRESS LARGO, FL 33773		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Wendy A. Nash Date: 4/4/05 Daytime Phone #: 727-374-4414