


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90195 016 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # P04000079000 1. Entity Name N.Y.C.R. INC. | | | |  | |
| Principal Place of Business 2640 GOLDEN GATE PARKWAY #305 NAPLES, FL 34105-3203 | | | Mailing Address 2640 GOLDEN GATE PARKWAY #305 NAPLES, FL 34105-3203 | | |
| 2. Principal Place of Business 2390 Tamiami Trail north | | 3. Mailing Address 2390 Tamiami Trail North | | | |
| Suite, Apt. #, etc. 204 | | Suite, Apt. #, etc. 204 | | | |
| City & State Naples, FL | | City & State Naples, FL | | | |
| Zip 34103 | | Country | | Zip 34103 | |
| Country | | 4. FEI Number 20-1134098 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CASSNER, CURTIS B 2640 GOLDEN GATE PARKWAY #305 NAPLES, FL 34105-3203 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2390 Tamiami Trail North Suite 204 City Naples FL Zip Code 34103 | | |
| 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. * Address change only SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLY, SHAUN N 530 SORINGLINE DRIVE NAPLES, FL 34102 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Kelly, Shaun N 530 Springline Drive Naples, FL 34102 <input checked="" type="checkbox"/> Change <input 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 type="checkbox"/> Addition | |
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| 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: _____ 4/26/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |