


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90527 038 ***150.00

DOCUMENT # P04000085122 1. Entity Name N & S BUSINESS ACQUISITIONS, INC.					
Principal Place of Business 14321 LE CHALE DRIVE ORLANDO, FL 32837			Mailing Address P.O. BOX 423163 KISSIMMEE, FL 34742-3163 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1220836	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCALARNEY, NANCY A 102 PARK PLACE BLVD BUILDING B, SUITE 3 KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 219 S CLYDE AVENUE City KISSIMMEE FL Zip Code 34741	
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 <u>(X)</u> _____ (X) _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCALARNEY, NANCY A 14321 LE CHALE DRIVE ORLANDO, FL 32837		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SYPHARD, STEPHEN J 14321 LE CHALE DRIVE ORLANDO, FL 32837		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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 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 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 507, 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 life empowered.					
SIGNATURE: (X) <u>Nancy A McAlarney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(X) <u>4/29/05</u> <small>Date Daytime Phone #</small>		

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04202005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1220836

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

219 S CLYDE AVENUE
KISSIMMEE FL 34741

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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ORLANDO, FL 32837

☐ Delete

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☐ Change ☐ Addition

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SIGNATURE: (X) Nancy A McAlarney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X) 4/29/05
Date Daytime Phone #