2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 8:00 am Secretary of State

1. Entity Name	9	# P04000109 NT SERVICES, IN				04-06-2005 9	0118 00	8 ***150.	00	
Principal Place		3	Mailing Address							
4445 S ATLANTIC AVE UNIT 605			4445 S ATLANTIC AVE Unit 605							
PONCE INLET, FL 32127 PONCE INLET, FL 32127						1 18411681111	FEIR BIZII BE III BE IN BE I	DJ 11871 88718 201	(1 2018) (1018 (100)	RAL (LIEU)
Principal Place of Business 3. Mailing Address										
SUITE ADI. #, etc.			P. O. Box 16677 Suite Apt. #, etc.					#1 ###11 # #11# 1#1	II 94:01 (6:11) (40).	E. 91 11 12 EE 1
Suite, Apt. 1	r, etc.		Suite, Apt. #, etc.			03252005	Chg-P	CR2E0	34 (10/03)	
City & State FERNANDINA BEACH FL			City & State FERNANDINA BEACH, FL		FL	4. FEI Numbi	77- OCY		Not	olied For Applicable
Zip 3 7263	34	Country IVA53AL	Zip 32074	Country NASS A C	,,	5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
6. Name and Address of Current I			<u> </u>	stered Agent		7. Name and	Address of New F			·
POOLE W	ESI EV R		Na	ame					ĺ	
POOLE, WESLEY R 303 CENTRE ST					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 200		CH. FL 32034	-			_				
		511,12 02001		- ci	ty			FL	Zip Code	
8 The above	named entit	v submits this statement fo	r the purpose of changing its	registered of	fice or register	red agent, or ho	th, in the State of Flo		emiliar with	and accept
	ions of regist		the purpose of changing he	regiotores er	nec or register	ree agent, or so	in, ar the state of the	5(15B. 1611)	Q17111100 VII(11, 1	and decept
SIGNATURE_		·	<u>-</u> -							
···	Signature, typed	or printed name of registered agent	and title if applicable. (NO)	E: Registered Ager	nt signature required	d when reinstating)		DATE.		
		FEE IS \$150.00 5 Fee will be \$550.	9. Election Campa Trust Fund Con			.00 May Be ded to Fees				
10.		OFFICERS AND	DIRECTORS	11,			CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE .	D	~ \A/IELLAM	Delete	TITLE NAME	D	NCH, C.	J I LLIAM		🗷 Change	☐ Addition
NAME LYNCH, C. WILLIAM STREET ADDRESS ONE SPRINGFIELD ST UNIT 204			4	STREET AD	DRESS P.	O. BOX 16	617			
CITY-ST-ZIP CHICOPEE, MA 01013 CITY					IP F€	RNANDINA	BEACH FL	32034		
TITLE :	D	N. KAREN K	☐ Delete	TITLE	Dia	ECTOR BAC	ien K		⊠ Change	Addition
STREET ADDRESS 4445 S ATLANTIC AVE UNIT 605			5	STREET AD	DRESS P.	cksin , KAN	.17			
CITY-ST-ZIP PONCE INLET, FL 32127					TIP FEA	ENA NOVIA	DEACH, FL. S	72.34		
NAME			☐ Delete	TITLE NAME	ļ				Change	☐ Addition
STREET ADDRESS					1					
	7			STREET AD	ORESS			-		-
CITY-ST-ZIP				STREET AD CITY-ST-2			711			
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