

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90187 023 ***150.00

DOCUMENT # P05000039248

1. Entity Name
NIATROX, INC.



Principal Place of Business

4240 PALM FOREST DR SOUTH
DELRAY BEACH, FL 33445
1787 Auburn Lakes Dr.
Rockledge, FL 32955

Mailing Address

4240 PALM FOREST DR SOUTH
DELRAY BEACH, FL 33445
1787 Auburn Lakes Dr.
Rockledge, FL 32955

40030406



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2344445

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TANNER, SIMON
4240 PALM FOREST DR SOUTH 1787 Auburn Lakes Dr.
DELRAY BEACH, FL 33445 Rockledge, FL 32955

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

SIMON TANNER, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3/26/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME TANNER, SIMON
STREET ADDRESS 4240 PALM FOREST DR SOUTH 1787 Auburn Lakes Dr.
CITY-ST-ZIP DELRAY BEACH, FL 33445 Rockledge, FL 32955

TITLE V
NAME TANNER, KATHYE
STREET ADDRESS 4240 PALM FOREST DR SOUTH 1787 Auburn Lakes Dr.
CITY-ST-ZIP DELRAY BEACH, FL 33445 Rockledge, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIMON TANNER, PRESIDENT

Date

3/26/07

Daytime Phone #

561-809-2949