


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT# P05000054404	
1. Entity Name NEDDS CONSTRUCTION Source, Inc	

FILED
11 MAY 20 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 4330 NW 75 Way	3. Mailing Address P.O. BOX 670086
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State Coral Springs, FL	City & State Coral Springs FL	4. FEI Number 141932998	Applied For <input type="checkbox"/> Not Applicable
Zip 33065	Country BROWARD	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Charlene Nedd	
Street Address (P.O. Box Number is Not Acceptable) 4330 NW 75 Way	
City Coral Springs	Zip Code FL 33065

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 **Charlene Nedd** **Charlene Nedd** **5/15/2011**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

E-mail Address:
itsajoyouslife@yahoo
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charlene NEDD, VP 4330 NW 75 Way Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zephane Nedd, P 4330 NW 75 Way Coral Springs, FL 33065
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5/15/11

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: **Charlene Nedd** **5/15/11 (952) 464-1443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #