

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90017 046 \*\*\*150.00

DOCUMENT # P06000121148

1. Entity Name

NEON BY NANCY, INC.



Principal Place of Business

8355 GARDEN RD. C  
RIVIERA BCH FL 33404

Mailing Address

8355 GARDEN RD. C  
RIVIERA BCH FL 33404



2. Principal Place of Business - No P.O. Box #

1721 Donna Rd Ste C

Suite, Apt. #, etc.

C

3. Mailing Address

Same

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

West Palm Beach FL

City & State

Same

4. FEI Number

51-0607169

Applied For

Not Applicable

Zip

33409

Country

FL

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARROLL, NANCY  
8355 GARDEN RD. C  
RIVIERA BCH FL 33404

1721 Donna Rd Ste C

West Palm Beach FL 33409

7. Name and Address of New Registered Agent

Name

Carroll, Nancy

Street Address (P.O. Box Number is Not Acceptable)

1721 Donna Rd Ste C

City

West Palm Bch

FL

Zip Code

33409

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.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	CARROLL, NANCY	
STREET ADDRESS	8355 GARDEN RD. C	
CITY-STATE-ZIP	RIVIERA BCH FL 33404	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	CARROLL, NANCY	
STREET ADDRESS	1721 Donna Rd	
CITY-STATE-ZIP	W. Palm Beach FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carroll Nancy	
STREET ADDRESS	1721 Donna Rd Ste C	
CITY-STATE-ZIP	W. Palm Bch FL 33409	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rose Bice	
STREET ADDRESS	503 Waterview Dr	
CITY-STATE-ZIP	Palm Springs FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nancy E Carroll

4/14/08

561 506 7439

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number