

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90014 010 \*\*\*150.00

**DOCUMENT # P06000122682**

1. Entity Name  
**N-TACK CORPORATION**



Principal Place of Business  
**2924 NW 17TH PLACE  
CAPE CORAL, FL 33993**

Mailing Address  
**2924 NW 17TH PLACE  
CAPE CORAL, FL 33993**

**40006664**



2. Principal Place of Business - No P.O. Box #  
**28380 Doe Street**

3. Mailing Address  
**1318 Lafayette St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007

Chg-P

CR2E034 (12/06)

City & State  
**Punta Gorda, FL**

City & State  
**Cape Coral, FL**

4. FEI Number

**20-5604261**

Applied For

Not Applicable

Zip  
**33955**

Country  
**US**

Zip  
**33904**

Country  
**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**CRTEAU, ARMAND J.  
2924 NW 17TH PLACE  
CAPE CORAL, FL 33993**

Name  
**Croteau, Armand J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**28380 Doe Street**

City  
**Punta Gorda, FL** Zip Code  
**33955**

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]*

**1/23/07**

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

(NOTE: Registered Agent signature required when re-stating)

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P**  
**CRTEAU, ARMAND J.**  
**2924 NW 17TH PLACE**  
**CAPE CORAL, FL 33993** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P**  
**Croteau, Armand J.**  
**28380 Doe Street**  
**Punta Gorda, FL 33955** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST**  
**DE ANTONI, WAYNE J**  
**2924 NW 17TH PLACE**  
**CAPE CORAL, FL 33993** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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

**1-23-07** **839-**  
**549-2444**

Date

Daytime Phone #