

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064742

Entity Name: NEKOMA ENT INC

FILED  
Mar 09, 2009  
Secretary of State

## Current Principal Place of Business:

170 HOPPERGRASS GLN  
HIGH SPRINGS, FL 32654

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1552  
HIGH SPRINGS, FL 32655

## New Mailing Address:

FEI Number: 26-2944887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, DEBRA  
170 HOPPERGRASS GLN  
HIGH SPRINGS, FL 32654 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: WILLIAMS, DEBRA  
Address: 170 HOPPERGRASS GLN  
City-St-Zip: HIGH SPRINGS, FL 32654

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WILLIAMS, JOEY  
Address: 170 HOPPERGRASS GLN  
City-St-Zip: HIGH SPRINGS, FL 32654

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEY WILLIAMS

VP

03/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date