2006 FOR PROFIT CORPORATION

FILED Mar 09, 2006 08:00 AM Secretary of State

	ANNUAL	REPORT			Secr	etary of	f State
DOCUMENT # P92000012836				{	2001	3 02	
1. Entity Nam	N ENTERPRISES, INC. OF]				
	77 277 277 770 20, 170 3						
Principal Plac	e of Business	Mailing Address	<u> </u>				
		P.O. BOX 17730					
CLEARWATE	R, FL 33762	CLEARWATER, FL 33762					
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_				03062006	No Chg-P	CR2E034 (11	1/05)
	O NOT WRITE	CE	4. FEI Numb	ner	T	Applied For	
	المستواه المراجعة	100 April 100 Ap		<u>59-316</u>	39770		Not Applicable
	7.3			5. Certificate	of Status Desired		5 Additional equired
	5. Name and Address of Current F	legistered Agent		1			edniton
·		1	****	·			
NOBBE, CHARLES 13041 AUTOMOBILE BLVD				DO	NOT W	RITE	
	TOMOBILE BLVD TER, FL 33762		The Little A	Anthon terresity .	X.n.		
			}	IN	THIS SP	ACE	
				,			
8. The above	named entity submits this statement for	the purpose of changing its register	red office or register	ed agent, or bo	oth, in the State of Flo	rida. I am lamilia:	with, and accept
the obliga	tions of registered agent.		_	_	· ·	,	
SIGNATURE.							
<u> </u>	Signature, typed or printed name of registered agent a	nd this if epplicable. (NOTE: Register	ed Agent signature required	when reinstating)		DATE	
FCC	E NOWIN FEE IS \$150.00	9. Election Campaign Fina		.00 May Be			
After M	ay 1, 2006 Fee will be \$550.0	Trust Fund Contribution	Trust Fund Contribution. 🔲 Ádde				
10.	OFFICERS AND S	DIRECTORS				·	. , taite s
TITLE	CD		ì			•	
NAME STREET ADDRESS	NOBBE, CHARLES W 4512 MARLIN LN		1				
CATY-ST-ZIP	PALMETTO, FL 34221					ert de la de l La della de la della de la della	
TITLE	SD			,	ປດດວດີ້ນີ້	0461089	
NAME	STANOVICH, ANDREA J		}		03/20/06	-80038 -00	8 150. 00
siklei address City-st-zip	442 TUNA CT						
·	OLDSMAR, FL		-{	* _***** ****			1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -
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CITY-ST-ZIP	PALM HARBOR, FL 34685		₫	DQ	NOT W	KHE	
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NAME STREET ADDRESS			****	<u></u>	11110 -		
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STREET ADDRESS						<u> </u>	

12. I hereby certify that the information supplied with this filling 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 path; 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: INDIVIDUAL STANDOVICA PADREST STANDOVICA 3/6/06 727-451-0700
SIGNATURE AND TYPED DRY PRINTED NAME OF STONING OFFICER OR DIRECTOR

Date

Date

Date

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