

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000066569

FILED  
Jan 05, 2004  
Secretary of State

**Entity Name:** THE NEFCO MANAGEMENT CORPORATION

**Current Principal Place of Business:**

4362 NORTHLAKE BLVD., STE. 213  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

4362 NORTHLAKE BLVD., STE. 213  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 65-0437930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHALLER, ELAINE  
108B PALM BAY DRIVE  
PALM BEACH GARDENS, FL 33418 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: PSCD ( ) Delete  
Name: SCHALLER, EARLE  
Address: 114 WINDSOR POINTE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VTD ( ) Delete  
Name: SCHALLER, ELAINE  
Address: 114 WINDSOR POINTE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSCD (X) Change ( ) Addition  
Name: SCHALLER, EARLE  
Address: 108B PALM BAY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VTD (X) Change ( ) Addition  
Name: SCHALLER, ELAINE  
Address: 108B PALM BAY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** EARLE SCHALLER

PSC

01/05/2004

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

\_\_\_\_\_  
Date