


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P93000087510</b>	
1. Entity Name NAPCO ENTERPRISES, INC.	

Principal Place of Business PO BOX 15364 TALLAHASSEE, FL 32317	Mailing Address PO BOX 15364 TALLAHASSEE, FL 32317
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**DO NOT WRITE IN THIS SPACE**



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3217659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

PORTER, NEAL A.  
7473 CREEKRIDGE CIRCLE  
TALLAHASSEE, FL 32309

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, NEAL A 7473 CREEKRIDGE CIRCLE TALLAHASSEE, FL 32309
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03/06/08-80026-003 150.00

**DO NOT WRITE  
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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:** Neal A. Porter (NEAL A. PORTER) 2/25/08 201-3412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #