


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000034300

1. Entity Name
 NCL, INC.



Principal Place of Business
 1305 MURRAY AVENUE
 CLEARWATER, FL 33755 US

Mailing Address
 1305 MURRAY AVENUE
 CLEARWATER, FL 33755 US

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3249158 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOWERY, NANCY C.
 1305 MURRAY AVE.
 CLEARWATER, FL 33755

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

[Handwritten Signature]
 02/05/04-80007-002 8102

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWERY, NANCY C 1305 MURRAY AVENUE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOWERY, NORMAN C. 1305 MURRAY AVE. CLEARWATER, FL 33755
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 02/05/04-80007-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nancy C. Lowery* **President**
 NANCY C. LOWERY
 1-30-04 727-4466684
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #