


**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      Mailing Address

1305 MURRAY AVENUE      1305 MURRAY AVENUE  
 CLEARWATER, FL 33755 US      CLEARWATER, FL 33755 US

**DO NOT WRITE IN THIS SPACE**



01292004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3249158      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

**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 \_\_\_\_\_

**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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/05/04-80007-002 150.00

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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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: 1-30-04      Daytime Phone #: 727-446-6684