

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90029 046 \*\*\*150.00

**DOCUMENT # P94000085309**

1. Entity Name  
**NORTH PORT RADIATORS, INC.**



Principal Place of Business

5180 TROTT CIR UNIT B  
NORTH PORT, FL 34287

Mailing Address

5180 TROTT CIR UNIT B  
NORTH PORT, FL 34287

40004255



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0536727**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, CLIFFORD M  
100 WALLACE AVE  
SUITE 100  
SARASOTA, FL 34237

Name **Mohammed, Jaffar**

Street Address (P.O. Box Number is Not Acceptable)

**5180 Trott Cir. Unit B**

City **North Port**

**FL**

Zip Code **34287**

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

*Mohammed Jaffar* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/05

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing,  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MOHAMMED, JAFFER**  
STREET ADDRESS **5180 TROTT CIRCLE UNIT B**  
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☒ Change ☐ Addition  
NAME **Mohammed, Jaffar**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **MOHAMMED, RAYSHARD**  
STREET ADDRESS **5180 TROTT CIR UNIT B**  
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Mohammed Jaffar* President

Date

Daytime Phone #