


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000038386</b> 1. Entity Name <b>NIEMAN ELECTRIC MOTOR, INC.</b>	
--	---

Principal Place of Business <b>3945 AMERICAN PLAZA BLVD LAND O LAKES, FL 34639</b>	Mailing Address <b>POB 2300 LAND O LAKES, FL 34639 US</b>
---	--

**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3311808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NIGRO, KEITH F 3919 LAND O'LAKES BOULEVARD LAND O'LAKES, FL 34639</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000272342 03/21/05-80085-020 158.75</b>
---	---	--

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NIGRO, KEITH F POST OFFICE BOX 2300 N/A LAND O'LAKES, FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT JONES, LINDA 111 ARKWRIGHT DR. TAMPA, FL 33613</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GARRETT, CHRISTOPHER 3206 FOX LANE DR. TAMPA, FL 33618</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Keith F. Nigro** **3/17/05** **813-996-3911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #