

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90053 025 ***150.00

DOCUMENT # P95000038947

1. Entity Name
NITCO, INC.



Principal Place of Business
851 THREE ISLANDS BLVD
APT 416
HALLANDALE BEACH FL 33009

Mailing Address
851 THREE ISLANDS BLVD
APT 416
HALLANDALE BEACH FL 33009



2. Principal Place of Business - No P.O. Box #

1965 South Ocean Drive

Suite, Apt. #, etc.

156

City & State

Hallandale Beach, FL

Zip

33009

Country

U.S.A.

3. Mailing Address

1965 South Ocean Drive

Suite, Apt. #, etc.

156

City & State

Hallandale Beach, FL

Zip

33009

Country

U.S.A.

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0582465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, NEIL
851 THREE ISLAND BLVD.
APT 416
HALLANDALE FL 33009

note new address

7. Name and Address of New Registered Agent

Name Neil Tucker

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

1965 South Ocean Drive #156

City

Hallandale Beach

FL

Zip Code

33009

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

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

(NOTE: Registered Agent signature required when reinstating)

4/5/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME TUCKER, NEIL
STREET ADDRESS 851 THREE ISLAND BLVD APT 416
CITY-ST-ZIP HALLANDALE BEACH FL 33009

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Neil Tucker)

4/5/07

Date

9544572317

Daytime Phone *