


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90170 020 ***150.00

DOCUMENT # P96000058301					
1. Entity Name NAPCON CORPORATION					
Principal Place of Business 1001 E. ATLANTIC AVE., STE. 202 DELRAY BEACH, FL 33483			Mailing Address 1000 MARKET ST BLDG 1 DELRAY BEACH, FL 03801 US		
2. Principal Place of Business		3. Mailing Address <i>1000 Market Street</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Bldg. 1, Suite 300</i>			
City & State		City & State <i>Portsmouth, NH</i>			
Zip	Country	Zip	Country	4. FEI Number 65-0680276	
<i>03801</i>	<i>US</i>	<i>03801</i>	<i>US</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALSH, MICHAEL 1001 E. ATLANTIC AVE., STE. 202 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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: <i>Michael Walsh</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Michael (e) Walsh</i>		
			Date <i>1/31/05</i> Daytime Phone # <i>(561) 279-9900</i>		