


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000058519 1. Entity Name NAMRAC, INC.	
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Principal Place of Business 9420 LAZY LANE SUITE E-15 TAMPA, FL 33614 US	Mailing Address 9420 LAZY LANE SUITE E-15 TAMPA, FL 33614 US
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02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3392406	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

5. Name and Address of Current Registered Agent  DOMEDION, GEORGE P 3527 HEARDSFERRY DR. TAMPA, FL 33618
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**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

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

(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. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMEDION, GEORGE P 3527 HEARDS FERRY DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS CHRISTEN-DOMEDION, DEBORAH 3527 HEARDS FERRY DR TAMPA, FL 33618
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1100000221989  
02/09/05-80055-020 150.00

**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)(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:

 **GEORGE P. DOMEDION**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05

813-240-2727

Date

Daytime Phone #