

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000076228

1. Entity Name
NECIA DRIVE ENTERPRISES, INC.



Principal Place of Business
**7523 PARK CITY DRIVE
JACKSONVILLE, FL 32244**

Mailing Address
**7523 PARK CITY DRIVE
JACKSONVILLE, FL 32244**

DO NOT WRITE IN THIS SPACE



02112006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-3401563

Applied F
Not App

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, JOHN C
7523 PARK CITY DRIVE
JACKSONVILLE, FL 32244**

**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 ac
the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
CARTER, JOHN C
7523 PARK CITY DRIVE
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CARTER, MARIE F
7523 PARK CITY DRIVE
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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02/26/06-80018-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the in
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
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 i
changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie F. Carter MARIE F. CARTER 02-15-06 904 771 518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #