

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000002143



1. Entity Name

N & S PHOENIX ENTERPRISES, INC.

Principal Place of Business

1410 SUNSET DRIVE  
CLEARWATER FL 33755  
US

Mailing Address

4 BELLEVUE BLVD STE 203  
CLEARWATER FL 33756  
US

2. Principal Place of Business

4 Bellevue Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

City & State

Belleair, FL

Zip

33756

Country

City & State

Zip

Country

4. FEI Number

59-3426833

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHOENHERR, ALEXANDER  
1402 SUNSET DRIVE  
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

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

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**

**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 PD ☐ Delete  
NAME SCHOENHERR, NORWIN  
STREET ADDRESS 1410 SUNSET DRIVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE VD ☐ Delete  
NAME SCHOENHERR, SUSAN O  
STREET ADDRESS 1410 SUNSET DRIVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE D ☐ Delete  
NAME SCHOENHERR, ALEX N  
STREET ADDRESS 1402 SUNSET DRIVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 1100000285771  
STREET ADDRESS 04/04/05-80001-020 150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Norwin Schoenherr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-05 727-461-7705