

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90372 044 ***150.00

DOCUMENT # P97000002143

1. Entity Name

N & S PHOENIX ENTERPRISES, INC.



Principal Place of Business

**1410 SUNSET DRIVE
CLEARWATER FL 33755
US**

Mailing Address

**4 BELLEVIEW BLVD STE 203
CLEARWATER FL 33756
US**



2. Principal Place of Business

4 Belleview Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

City & State

Belleair Florida

City & State

Zip

33756

Country

USA

Zip

Country

4. FEI Number

59-3426833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

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, 2006 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
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

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 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

N. SCHOENHERR

Date

Daytime Phone #

4-4-06 727-593-4050