

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000002143

1. Entity Name

N & S PHOENIX ENTERPRISES, INC.



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3426833**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOENHERR, ALEXANDER
1402 SUNSET DRIVE
CLEARWATER FL 33755**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000695205
CITY - ST - ZIP 04/17/07-80052-006 150.00

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

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

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

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

TITLE ☐ Delete
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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:

N. Schoenherr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-07 727-543-4050