

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90004 035 ***150.00

DOCUMENT # P97000017260

1. Entity Name

NHC SALES OF FLORIDA, INC.



Principal Place of Business

3737 EL JOBEAN ROAD
PORT CHARLOTTE FL 33953

Mailing Address

6991 E. CAMELBACK RD.
B-360
SCOTTSDALE AZ 85251

54056766



MOORE CR2E034 (11/03)

2. Principal Place of Business

3737 EL JOBEAN RD.

3. Mailing Address

6991 E. CAMELBACK RD

Suite, Apt. #, etc.

B310

City & State

PORT CHARLOTTE, FL

City & State

SCOTTSDALE, AZ

Zip

33953

Country

USA

Zip

85251

Country

USA

4. FEI Number

86-0842593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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, 2004 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 EDWARDS, COLLEEN S
STREET ADDRESS 6991 E. CAMELBACK RD., #B-360
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE VPD ☐ Delete
NAME NAPP, DAVID A
STREET ADDRESS 6991 E CAMELBACK RD., #B-360
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE ST ☐ Delete
NAME HARRELL, TERRY
STREET ADDRESS 2650 HOLIDAY TRAIL
CITY-ST-ZIP KISSIMMEE FL 34746

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
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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)(i), 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

David A. Napp, VP

S-25-04

Date

4804235700

Daytime Phone #