# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 11, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # P97000037102

1. Entity Name
NSL MANUFACTURING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6513 NW 13TH COURT<br>PLANTATION, FL 33313 US | P O BOX 15923<br>PLANTATION, FL 33318 US |

**DO NOT WRITE IN THIS SPACE**

08212007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0747982
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIS, LINFORD S
1869 NW 111TH AVENUE
PLANTATION, FL 33322

**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 accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS $150.00**
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | ELLIS, LINFORD S |
| STREET ADDRESS | 1869 NW 111TH AVENUE |
| CITY-ST-ZIP | PLANTATION, FL 33322 |
| TITLE | VSD |
| NAME | ELLIS, KATHLEEN M |
| STREET ADDRESS | 1869 NW 111TH AVENUE |
| CITY-ST-ZIP | PLANTATION, FL 33322 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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09/11/07-80004-025 150.00

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I hereby certify that the information contained with this filing does not qualify for the exemptions contained in Chapter 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:** 9/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #