2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90316 014 ***150 00 **DOCUMENT # P97000069384** 1. Entity Name NEV TEN TWO CORP. Principal Place of Business Mailing Address 6075 PELICAN BAY BLVD **5811 PELICAN BAY BLVD** SUITE 600 #1006 NAPLES, FL 34108 NAPLES, FL 34108 01202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3461859 Not Applicable \$8.75 Additional 5. Certificate of Status Desired • 6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. DO NOT WRITE 5811 PELICAN BAY BLVD SUITE 600 IN THIS SPACE NAPLES, FL 34108 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSD TITLE NEVINS, MARVIN E NAME 6075 PELICAN BAY BLVD #1006 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS CITY-ST-ZIP 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)(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 attachme

FILED

Daytime Phone #

SIGNATURE: