


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P97000080303 1. Entity Name NATIONAL ENGINEERING AND REPAIR CORPORATION |  |
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|---|---|
| Principal Place of Business 11705 BOYETTE RD. SUITE # 504 RIVERVIEW, FL 33569 | Mailing Address 11705 BOYETTE RD. SUITE # 504 RIVERVIEW, FL 33569 |
|---|---|



05022008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3467754 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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|---|
| 6. Name and Address of Current Registered Agent BOLL, MARTY 9298 CARR RD. RIVERVIEW, FL 33569 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

**000000951499
06/04/08-80036-011 550.00**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOLL, MARTY 9298 CARR RD. RIVERVIEW, FL 33569 |
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IN THIS SPACE**

12. I hereby certify that the information supplied 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **5/6/08** Daytime Phone # _____