


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90067 012 \*\*\*150.00

**DOCUMENT # P97000082896**

1. Entity Name  
**NEDDAVIS NEWVENTURES, INC.**



Principal Place of Business      Mailing Address

**600 BIRD BAY DR., W.  
 VENICE, FL 34292**      **600 BIRD BAY DR., W.  
 VENICE, FL 34292**

49000037

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State



01052004    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For

**65-0787292**      Not Applicable

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

Zip **34285**    Country    Zip **34285**    Country

6. Name and Address of Current Registered Agent

**NED DAVIS RESEARCH, INC.  
 600 BIRD BAY DR., W.  
 VENICE, FL 34292**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code **34285**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	RAYMOND, GEOFFREY P	
STREET ADDRESS	600 BIRD BAY DR. W.	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOYNER, JERRY W JR	
STREET ADDRESS	600 BIRD BAY DR. W.	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.

SIGNATURE: Jerry W. Joyner      **Jerry W. Joyner, President**      1-7-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      **94-484-6107**      Daytime Phone #