2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State
07-07-2005 90002 024 ***550.00

DOCUMENT # P98000008742

1. Entity Name
NATIONAL AGENCY DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
4700 SHERIDAN STREET BLDG J HOLLYWOOD, FL 33021	4700 SHERIDAN STREET BLDG J HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

06292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0815686
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NATELSON, SHERYL S ESQ.
4700 SHERIDAN STREET
BLDG J
HOLLYWOOD, FL 33021

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 reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NATELSON, GERALD BRUCE
STREET ADDRESS	4700 SHERIDAN STREET BLDG. J
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	NATELSON, SHERYL
STREET ADDRESS	4700J SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VP
NAME	ROBERTA NATELSON
STREET ADDRESS	4700J SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 6-29-05 954-9620070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #