


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90033 004 \*\*\*150.00

<b>DOCUMENT # P98000011273</b>				
1. Entity Name <b>NANWOOD SEND-IT INC</b>				
Principal Place of Business <b>838 NEAPOLITAN WAY NAPLES FL 34103</b>		Mailing Address <b>838 NEAPOLITAN WAY NAPLES FL 34103</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent  <b>JACKEMEYER, ELWOOD E 21856 MASTERS CIRCLE ESTERO FL 33928</b>		7. Name and Address of New Registered Agent Name <b>(SAME)</b> Street Address (P.O. Box Number is Not Acceptable) <b>2105 BERKLEY WAY</b> City <b>LEHIGH ACRES</b> FL Zip Code <b>33971</b>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKEMEYER, ELWOOD E 21856 MASTERS CIRCLE ESTERO FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>&gt;SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2105 BERKLEY WAY LEHIGH ACRES FL 33971</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACKEMEYER, NANCY M 21856 MASTERS CIRCLE ESTERO FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>&gt;SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2105 BERKLEY WAY LEHIGH ACRES FL 33971</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elwood E Jackemeyer **ELWOOD E JACKEMEYER** 1-19-05 (239) 261-4933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #