## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P98000029078**

1. Entity Name N.E.Q., INC.



Principal Place of Business

2442 METROCENTRE BLVD. EAST WEST PALM BEACH, FL 33407 US Mailing Address

2442 METROCENTRE BLVD. EAST WEST PALM BEACH, FL 33407 US

## **FILED** Apr 11, 2008 08:00 Al Secretary of State



04032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0822874 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

COMITER, RICHARD B 250 AUSTRALIAN AVENUE **SUITE 1100** WEST PALM BEACH, FL 33407

changed, or on an attachment with

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent.	ourpose of changing its registere	ad office or i	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and little	il applicable (NOTE: Registered	d Agent signatur	e required when reinstaling)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campa Trust Fund Con			cing	\$5.00 May Be Added to Fees	000000892071 04/23/08-80051-006 150,00	
10.	OFFICERS AND DIREC	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, THOMAS R 2442 METROCENTRE BLVD. EAST WEST PALM BEACH, FL 33407					
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY: ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby 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 the impowered.

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR