

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90090 003 ***150.00

DOCUMENT # P98000042990					
1. Entity Name NAP INVESTMENT CLUB, INC.					
Principal Place of Business 8686 MISSISSIPPI RUN WEEKI WACHEE, FL 34613			Mailing Address 8686 MISSISSIPPI RUN WEEKI WACHEE, FL 34613		
2. Principal Place of Business - No P.O. Box # 8369 MAYBELLE DRIVE Suite, Apt. #, etc.		3. Mailing Address 8369 MAYBELLE DRIVE Suite, Apt. #, etc.			
City & State weeki wachee FL		City & State weeki wachee FL		4. FEI Number 59-3557394	
Zip 34613		Country HERNANDO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIDMAR, ROBERT 8686 MISSISSIPPI RUN WEEKI WACHEE, FL 34613			7. Name and Address of New Registered Agent Name: ARTHUR HAYWOOD Street Address (P.O. Box Number is Not Acceptable): 8369 MAYBELLE DRIVE City: weeki wachee FL Zip Code: 34613		
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: <u>Arthur A. Haywood</u> DATE: <u>1-5-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CHICK, SAM STREET ADDRESS 9265 LAKE CYPRESS LOOP CITY-ST-ZIP WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME ERVIN STANKEVICH STREET ADDRESS 9356 SOUTHERN BELLE DRIVE CITY-ST-ZIP WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WIDMAR, ROBERT STREET ADDRESS 8686 MISSISSIPPI RUN CITY-ST-ZIP WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete		TITLE TREASURER NAME ARTHUR HAYWOOD STREET ADDRESS 8369 MAYBELLE DRIVE CITY-ST-ZIP WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CROMBIE, PETE STREET ADDRESS 9415 APPLE DUMPLING COURT CITY-ST-ZIP WEEKI WACHEE, FL 34613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME PITTMAN, LYNN STREET ADDRESS 8734 MISSISSIPPI RUN CITY-ST-ZIP WEEKI WACHEE, FL 34613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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 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: <u>Arthur A. Haywood</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1-5-2008</u> <small>Date</small>		<u>352-597-3793</u> <small>Daytime Phone #</small>