

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000064143

1. Entity Name

THE NATIONAL RESOURCE CENTER, INC.



Principal Place of Business

1440 CORAL RIDGE DR., SUITE 167
CORAL SPRINGS, FL 33071

Mailing Address

1440 CORAL RIDGE DR., SUITE 167
CORAL SPRINGS, FL 33071



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0852176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINKELSTEIN, HAL
1440 CORAL RIDGE DRIVE
#167
CORAL SPRINGS, FL 33071

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RUTH, CAROL
STREET ADDRESS 1440 CORAL RIDGE DR 167
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE V
NAME FINKELSTEIN, HAL
STREET ADDRESS 1440 CORAL RIDGE DR 167
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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03/22/07-80006-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL RUTH

3/10/07

Date

Daytime Phone #

561-394-4690