


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90024 046 ***150.00

DOCUMENT # P98000069850			
1. Entity Name NEET SONOGRAPHIC ENTERPRISES, INC.			
Principal Place of Business 5413 HALIFAX DR. ORLANDO FL 32812		Mailing Address 5413 HALIFAX DR. ORLANDO FL 32812	
2. Principal Place of Business 1841 BOVINGDON LANE		3. Mailing Address 1841 BOVINGDON LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCOE, FL		City & State OCOE, FL	
Zip 34761	Country ORANGE	Zip 34761	Country ORANGE
6. Name and Address of Current Registered Agent NEET, LYDIA K 5413 HALIFAX DR. ORLANDO FL 32812		7. Name and Address of New Registered Agent Name NEET, LYDIA K. Street Address (P.O. Box Number is Not Acceptable) 1841 BOVINGDON LANE City OCOE FL 34761	
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><i>Lydia K. Neet</i></u> DATE <u>4-4-05</u> <small>Signature, type, 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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEET, LYDIA K 5413 HALIFAX DR. ORLANDO FL 32812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEET, LYDIA K. 1841 BOVINGDON LN OCOE, FL 34761 <input checked="" 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
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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:

Lydia K. Neet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05

Date

407-877-4987

Daytime Phone #