


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000039432 1. Entity Name NFR MANAGEMENT COMPANY OF FLORIDA INCORPORATED	
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Principal Place of Business 1439 TALLEVAST RD SARASOTA, FL 34243	Mailing Address 1439 TALLEVAST RD SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0916092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASSARO, MARY JANE 728 PLUM TREE LANE SARASOTA, FL 34243

**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT COSSINGHAM, HENRY 30 DEWALT AVE. NEWPORT, NH 03773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS COSSINGHAM, DEBORAH 106 ELM STREET NEWPORT, NH 03773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/31/05-80076-012 150.00

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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/19/05 603-543-1000 <small>Daytime Phone #</small>
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