

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000051456

Entity Name: NO PAY-NO STAY, INC.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7014 BUCKEYE ROAD  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 7657  
SUN CITY, FL 33586

**New Mailing Address:**

FEI Number: 59-3584194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REEDER, GRAHAM R  
7014 BUCKEYE ROAD  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: REEDER, GRAHAM R  
Address: 7014 BUCKEYE ROAD  
City-St-Zip: PALMETTO, FL 34221

Title: SVTD  
Name: REEDER, JOHANNA M  
Address: 7014 BUCKEYE ROAD  
City-St-Zip: PALMETTO, FL 34221

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GRAHAM R REEDER

PD

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date