



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # S61328 1. Entity Name NEIDA, INC.			
Principal Place of Business 18404 TREEHAVEN DRIVE HUDSON, FL 34667		Mailing Address 18404 TREEHAVEN DRIVE HUDSON, FL 34667	
			
		01122008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3079418	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
PILIOURAS, ATHANASIOS 18404 TREEHAVEN DR. HUDSON, FL 32301			
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>Athanasio Pilioro</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1-11-08</u> <small>(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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	U000000918617 05/13/08-80009-004 150.00	
NAME	PILIOURAS, ATHANASIOS		
STREET ADDRESS	18404 TREEHAVEN DR.		
CITY-ST-ZIP	HUDSON, FL		
TITLE	S		
NAME	PILIOURAS, SAMUEL		
STREET ADDRESS	18404 TREEHAVEN DR.		
CITY-ST-ZIP	HUDSON, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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><i>Athanasio Pilioro</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-11-08</u> Daytime Phone # <u>352-628-1336</u>	