

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V19581

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: THE NERVELESS NOCKS, INC.

## Current Principal Place of Business:

6958 EL CAMINO DRIVE  
SARASOTA, FL 34240

## New Principal Place of Business:

## Current Mailing Address:

6958 EL CAMINO DRIVE  
SARASOTA, FL 34240

## New Mailing Address:

PMB 130 5317 FRUITVILLE RD  
SARASOTA, FL 34232

FEI Number: 65-0372283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NOCK, MICHELANGELO  
6958 EL CAMINO DRIVE  
SARASOTA, FL 34240 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVP ( ) Delete  
Name: NOCK, MICHELANGELO  
Address: 6958 EL CAMINO DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: T ( ) Delete  
Name: NOCK, CAROLINA  
Address: 6958 EL CAMINO DR  
City-St-Zip: SARASOTA, FL 34240

Title: SEC ( ) Delete  
Name: NOCK, AURELIA  
Address: 6958 EL CAMINO DR  
City-St-Zip: SARASOTA, FL 34240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: NOCK, MICHELANGELO  
Address: 6958 EL CAMINO DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELANGELO NOCK

PCEO

01/17/2006

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

\_\_\_\_\_  
Date