

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90031 042 ***150.00

DOCUMENT # V24268

1. Entity Name
N.I.S., INC.



Principal Place of Business
5720 MARGATE BLVD
MARGATE, FL 33063 US

Mailing Address
P O BOX 93-4125
MARGATE, FL 33093-4125 US

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0426768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEPLES., PAUL R
5720 MARGATE BLVD.
MARGATE, FL 33063

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME PEEPLES, TEEA
STREET ADDRESS 113 NORTH 32 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VP
NAME HUNTLEY, LEE B
STREET ADDRESS 6071 NW 17 ST
CITY-ST-ZIP MARGATE, FL

TITLE VP
NAME PEEPLES, PAUL
STREET ADDRESS 727 BENJAMIN CHAIRS RD
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE PST
NAME PEEPLES, BROOKSIE
STREET ADDRESS 7520 NW 79TH AVE R-2
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #