


FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90310 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005431					
1. Entity Name NLG PARTNERS, INC.					
Principal Place of Business 208 WALNUT NOCONA, TX 76256			Mailing Address 208 WALNUT NOCONA, TX 76256		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOREY, ROBERT M		NAME		
STREET ADDRESS	PO BOX 329		STREET ADDRESS		
CITY-ST-ZIP	NOCONA, TX 76255		CITY-ST-ZIP		
TITLE	VCP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOREY, ROBERT M JR		NAME		
STREET ADDRESS	PO BOX 329		STREET ADDRESS		
CITY-ST-ZIP	NOCONA, TX 76255		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOREY, GAYLE		NAME		
STREET ADDRESS	PO BOX 329		STREET ADDRESS		
CITY-ST-ZIP	NOCONA, TX 76255		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOREY, SUZANNE		NAME		
STREET ADDRESS	PO BOX 329		STREET ADDRESS		
CITY-ST-ZIP	NOCONA, TX 76255		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODY, CAM		NAME		
STREET ADDRESS	PO BOX 329		STREET ADDRESS		
CITY-ST-ZIP	NOCONA, TX 76255		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Robert M Storey Jr</i>		Robert M Storey Jr		5-1-06 440 825 3326	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50019641



03142006 Chg-P CR2E034 (11/05)

4. FEI Number
75-0464190

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required