


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90015 002 ***158.75

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1. Entity Name
NLG PARTNERS, INC.



Principal Place of Business
208 WALNUT 901 E. Hwy 82
NOCONA, TX 76256 76255

Mailing Address
208 WALNUT P.O. Box 329
NOCONA, TX 76256 76255



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-0464190

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CPS
NAME	STOREY, ROBERT M
STREET ADDRESS	PO BOX 329
CITY-ST-ZIP	NOCONA, TX 76255 NOCONA
TITLE	VCP
NAME	STOREY, ROBERT M JR
STREET ADDRESS	PO BOX 329
CITY-ST-ZIP	NOCONA, TX 76255 NOCONA
TITLE	DT
NAME	STOREY, GAYLE
STREET ADDRESS	PO BOX 329
CITY-ST-ZIP	NOCONA, TX 76255 NOCONA
TITLE	DT
NAME	STOREY, SUZANNE
STREET ADDRESS	PO BOX 329
CITY-ST-ZIP	NOCONA, TX 76255 NOCONA
TITLE	D
NAME	WOODY, CAM
STREET ADDRESS	PO BOX 329
CITY-ST-ZIP	NOCONA, TX 76255 NOCONA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert M Storey Robert M Storey 2-19-07 9408253326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #