

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45576

Entity Name: NGB, INC.

FILED  
Jan 06, 2009  
Secretary of State

**Current Principal Place of Business:**

8005 S.W. 42ND TERR  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

8005 S.W. 42ND TERR  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 59-2124893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHNOLL, MARC  
4432 NW 23RD AVE, SUITE 8  
GAINESVILLE, FL 32606 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: DPS ( ) Delete  
Name: STUMP, PATRICIA A  
Address: 8005 SW 42 TERR  
City-St-Zip: GAINESVILLE, FL 32608

Title: DT ( ) Delete  
Name: ANCHORS, GARNER B III  
Address: 19404 SW ARCHER ROAD  
City-St-Zip: ARCHER, FL 326184652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DT (X) Change ( ) Addition  
Name: ANCHORS, GARNER B III  
Address: 11670 NE STATE ROAD 24  
City-St-Zip: ARCHER, FL 32618

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA A. STUMP

DPS

01/06/2009

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

\_\_\_\_\_ Date