

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004933

FILED  
Feb 02, 2005  
Secretary of State

Entity Name: NSB CAPS, INC.

## Current Principal Place of Business:

100 BARRACUDA BLVD.  
NEW SMYRNA BEACH, FL 32169

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1808  
NEW SMYRNA, FL 32170

## New Mailing Address:

FEI Number: 59-3298590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREATREX, WALTER W  
2938 MANGO TREE DRIVE  
EDGEWATER, FL 32141 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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LANE, SHAWN  
Address: 2411 GLINMORE CT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete  
Name: BISOTO, JOEL R  
Address: 618 MIDDLEBURY LOOP  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP ( ) Delete  
Name: KOPP, LORI  
Address: 2071 MARSH HARBOUR DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD ( ) Delete  
Name: GREATREX, WALTER  
Address: 2938 MANGO TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: DESOTO, JODI R  
Address: 618 MIDDLEBURY LOOP  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP (X) Change ( ) Addition  
Name: KOPP, LORI W  
Address: 2071 MARSH HARBOUR DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER W. GREATREX

TD

02/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date