ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State **DOCUMENT # 253884** 1. Entity Name 05-05-2006 90188 035 ***150.00 N AND N BUILDERS INC Principal Place of Business Mailing Address 692 CAMP JOHNSON RD 692 CAMP JOHNSON RD ORANGE PARK FL 32065-5832 **ORANGE PARK FL 32065-5832** Principal Place of Business 3. Mailing Address 752 BLANDING 752 BLANDING BLUD 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 59-0953137 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 15A U5 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICHOLS, LAWRENCE D Street Address (P.O. Box Number is Not Acceptable) 75.2 BLANDING BLVD 3205 WOODGLEN DR ORANGE PARK FL 32065-5832 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 privited name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE PDS ☐ Delete Change Addition NICHOLS, LAWRENCE D NAME NAME 752 BLANDING BLUD, SuitE 110 STREET ADDRESS 692 CAMP JOHNSON RD STREET ADDRESS ORANGE PARK, FL 32065-5789 CITY-ST-ZIP **ORANGE PARK FL 32065-5832** CITY-ST-ZIP ☐ Delete Change Addition TITLE NICHOLS, ANNETTE C NAME 752 BLANDING BLVD,, SuitE 110 STREET ADDRESS 692 CAMP JOHNSON RD STREET ADDRESS ORANGE PARK, FL 32065-5789 CITY-ST-ZIP ORANGE PARK FL 32065-5832 CITY-ST-ZIP 11115 Delete MAME NICHOLS, D. WAYNE NAME 152 BLANDING BLVD., SuITE 110 STREET ADDRESS STREET ADDRESS 692 CAMP JOHNSON RD CITY-ST-ZIP ORANGE PARK, FL 32065-5789 **ORANGE PARK FL 32065-5832** CLTY - ST - ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 TY

L.D. NicHOLS 4-21-06

FILED