

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90103 030 ***150.00

DOCUMENT # 480192 1. Entity Name MR. N'S ASSOCIATES, INC.					
Principal Place of Business 4316 FORTUNE PLACE MELBOURNE, FL 32904			Mailing Address 350 ANN BERJACK PLACE MELBOURNE BEACH, FL 32951		
2. Principal Place of Business 350 AMBERJACK PL		3. Mailing Address 350 AMBERJACK PL			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MELBOURNE BCH FLA		City & State MELBOURNE BCH FLA		4. FEI Number 59-1605718	
Zip 32951		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEALY, PATRICK 1800 W HIBISCUS BLVD MELBOURNE, FL 32902			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 NAME STREET ADDRESS CITY - ST - ZIP	PD NABERHAUS, ROBERT JR. 350 AMBERJACK PLACE MELBOURNE BCH, FL		<div style="text-align: right;"><input type="checkbox"/> Delete</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NABERHAUS, DIANE L. 350 AMBERJACK PLACE MELBOURNE BCH., FL		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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: <u>Robert J Naberhaus Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3-1-06</u>		Daytime Phone #: <u>321-768-1735</u>

ROBERT J NABERHAUS JR PRES