

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM  
Secretary of State

DOCUMENT # 573614

1. Entity Name  
NIABCO - FLORIDA, INC.



Principal Place of Business  
2161 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228

Mailing Address  
S-3865 TAYLOR RD  
ORCHARD PARK, NY 14127 US



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
16-1119575

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MARTIN, WARNER G  
2161 GULF OF MEXICO DR., #2  
LONGBOAT KEY, FL 34228

DO NOT WRITE  
IN THIS SPACE

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MARTIN, WARNER G  
2161 GULF OF MEXICO DR., #2  
LONGBOAT KEY, FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MARTIN, KEVIN P  
7225 TRICIA LANE  
BOSTON, NY 14025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MARTIN, SHIRLEY J  
2161 GULF OF MEXICO DR., #2  
LONGBOAT KEY, FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/26/04-80059-019 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #