


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 573614

1. Entity Name
 NIABCO - FLORIDA, INC.



Principal Place of Business Mailing Address

2161 GULF OF MEXICO DR.
 LONGBOAT KEY, FL 34228

S-3865 TAYLOR RD
 ORCHARD PARK, NY 14127 US



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 16-1119575 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
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DO NOT WRITE 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)(f), 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 the empowered.

SIGNATURE: _____ Kevin P Martin 4/17/05 (716) 602-2585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #