


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 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

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
 16-1119575      Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTIN, WARNER G
STREET ADDRESS	2161 GULF OF MEXICO DR., #2
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	T
NAME	MARTIN, KEVIN P
STREET ADDRESS	7225 TRICIA LANE
CITY-ST-ZIP	BOSTON, NY 14025
TITLE	S
NAME	MARTIN, SHIRLEY J
STREET ADDRESS	2161 GULF OF MEXICO DR., #2
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000513520  
 04/29/06-80129-025 150.00

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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  DATE 4-7-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #