


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 16-1119575 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

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 _____ 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, 2007 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 | |

U00000715677
 04/27/07-80074-014 150.00

DO NOT WRITE IN THIS SPACE

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 an other like empowered.

SIGNATURE:  DATE: 4/20/07 Daytime Phone # _____