

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT #618184**

1. Entity Name  
**N.R.B. CORPORATION**



Principal Place of Business

**200 HARBOR DRIVE  
P. O. BOX 717  
GOODLAND, FL 34140 US**

Mailing Address

**3357 TAMiami TR N  
NAPLES, FL 34103**

**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1985024**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANGFORD, GEORGE P  
3357 TAMiami TRAIL NORTH  
NAPLES, FL 34103**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000883173  
04/16/08-80088-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAUER, NICOLETTE 693 PALM AVE W GOODLAND, FL 34140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOZICNIK, AMELIA B 421 EAST MANGO AVE GOODLAND, FL 34140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOZICNIK, RAY J 421 EAST MANGO AVE GOODLAND, FL 34140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 all other like empowered.

**SIGNATURE: *Nicolette Bauer*  
NICOLETTE BAUER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-08 239-394-4454**  
Date Daytime Phone #