

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000025

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** NATIONAL CONSULTING & DEVELOPMENT, INC.

**Current Principal Place of Business:**

6190 RANGELINE ROAD  
THEODORE, AL 365825201 US

**New Principal Place of Business:**

2011 BRADBURY DRIVE WEST  
MOBILE, AL 366953063 US

**Current Mailing Address:**

6190 RANGELINE ROAD  
THEODORE, AL 365825201

**New Mailing Address:**

P.O. BOX 851645  
MOBILE, AL 366851645 US

**FEI Number:** 63-1196160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS LEGAL SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PCD ( ) Delete  
**Name:** PARR, RICHARD A  
**Address:** 2011 BRADBURY DRIVE WEST  
**City-St-Zip:** MOBILE, AL 366953063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RICHARD AARON PARR

PCD

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date