


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90015 002 ***158.75

DOCUMENT # F05000005431

1. Entity Name
NLG PARTNERS, INC.



Principal Place of Business
208 WALNUT 901 E. Hwy 82
NOCONA, TX 76256 76255

Mailing Address
208 WALNUT P.O. Box 329
NOCONA, TX 76256 76255



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-0464190

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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	CPS STOREY, ROBERT M PO BOX 329 NOCONA, TX 76255 <i>NOCONA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP STOREY, ROBERT M JR PO BOX 329 NOCONA, TX 76255 <i>NOCONA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STOREY, GAYLE PO BOX 329 NOCONA, TX 76255 <i>NOCONA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STOREY, SUZANNE PO BOX 329 NOCONA, TX 76255 <i>NOCONA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODY, CAM PO BOX 329 NOCONA, TX 76255 <i>NOCONA</i>
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: *Robert M Storey* Robert M Storey 2-19-07 9408253326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #