



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000005857</b> 1. Entity Name S.L. NUSBAUM REALTY CO.	
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Principal Place of Business ONE COMMERCIAL PLACE, SUITE 1000 NORFOLK, VA 23510	Mailing Address ONE COMMERCIAL PLACE, SUITE 1000 NORFOLK, VA 23510
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**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1582671	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

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)


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000641747 03/01/07-80012-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON, MILES B ONE COMMERCIAL PLACE, SUITE 1000 NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATTEEN-HAWKS, VIRGINIA ONE COMMERCIAL PLACE, SUITE 1000 NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NUSBAUM, ROBERT C ONE COMMERCIAL PLACE, SUITE 1000 NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC NUSBAUM, ALAN B ONE COMMERCIAL PLACE, SUITE 1000 NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUSBAUM, V.H. JR. ONE COMMERCIAL PLACE, SUITE 1000 NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **Miles B. Leon, President** **2/13/07** **(757) 627-8611**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #