

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000005165	
1. Entity Name NBCD INVESTMENTS, INC.	

Principal Place of Business P.O. BOX 11189 SPRING TX 77391	Mailing Address P.O. BOX 11189 SPRING TX 77391
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

**KOERNER, NORMAN
159 SEAWINDS DR
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **FL** Zip Code _____

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 _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD		☐ Delete	TITLE		☐ Change	☐ Add
NAME	KOERNER, NORMAN R			NAME			
STREET ADDRESS	P.O. BOX 11189 N/A			STREET ADDRESS			
CITY- ST- ZIP	SPRING TX			CITY- ST- ZIP			
TITLE	STD		☐ Delete	TITLE		☐ Change	☐ Add
NAME	KOERNER, DEBBIE A			NAME			
STREET ADDRESS	P.O. BOX 11189 N/A			STREET ADDRESS			
CITY- ST- ZIP	SPRING TX			CITY- ST- ZIP			
TITLE	V		☐ Delete	TITLE		☐ Change	☐ Add
NAME	KOERNER, CHESTER K			NAME			
STREET ADDRESS	P.O. BOX 11189 N/A			STREET ADDRESS			
CITY- ST- ZIP	SPRING TX			CITY- ST- ZIP			
TITLE			☐ Delete	TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE			☐ Delete	TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE			☐ Delete	TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  02/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR