


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90058 045 \*\*\*150.00

<b>DOCUMENT # G57811</b>	
<b>1. Entity Name</b> NRB DEVELOPMENT, INC.	

<b>Principal Place of Business</b> 3700 A 100 NW 91ST STREET GAINESVILLE, FL 32606 US	<b>Mailing Address</b> 3700 A 100 NW 91ST STREET GAINESVILLE, FL 32606 US
---	---

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102005 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-2330143	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>	
HAUFLER, E R 3700 NW 91ST ST A-100 GAINESVILLE, FL 32606	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>NAME</b>
PT	HAUFLER, E. ROBERT
<b>STREET ADDRESS</b>	8614 SW 1ST PLACE
<b>CITY- ST- ZIP</b>	GAINESVILLE, FL 32607
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
VPS	FISHER, NANCY J
<b>STREET ADDRESS</b>	8401 NW 13TH STREET
<b>CITY- ST- ZIP</b>	GAINESVILLE, FL 32653
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<input type="checkbox"/> Delete	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Oscar Hantler 4-5-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #