


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90386 044 \*\*\*150.00

<b>DOCUMENT # G57811</b> 1. Entity Name NRB DEVELOPMENT, INC.					
Principal Place of Business 3500 NW 97 BLVD A GAINESVILLE, FL 32606 US			Mailing Address 3500 NW 97 BLVD A GAINESVILLE, FL 32606 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2330143	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HAUFLER, E R 3700 NW 91ST ST A-100 GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name <u>HAUFLER, E. ROBERT</u> Street Address (P.O. Box Number is Not Acceptable) <u>3500 NW 97 BLVD, SUITE A</u> City <u>GAINESVILLE</u> FL Zip Code <u>32606</u>		
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 <u>E. ROBERT HAUFLER</u> <u>E Robert Haufler</u> <u>4/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HAUFLER, E. ROBERT <input type="checkbox"/> Delete 8614 SW 1ST PLACE GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAUFLER, E. ROBERT 9614 SW 1 PLACE GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete FISHER, NANCY J 8401 NW 13TH STREET GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FISHER, NANCY J 6400 BAKER ROAD KEYSTONE HEIGHTS, FL 32656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS, KAREN H. 13826 NW 39 AVENUE GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>E. ROBERT HAUFLER</u> <u>E Robert Haufler</u> <u>4/21/08</u> <u>352-331-3396</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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