

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G85041

FILED
Apr 10, 2009
Secretary of State

Entity Name: NBFD, INCORPORATED

Current Principal Place of Business:

325 SPRING VIEW CIRCLE
PORT CAHRLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 511232
PUNTA GORDA, FL 33951 US

New Mailing Address:

FEI Number: 59-2388701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, JAY
325 SPRING VIEW CIRCLE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CARLSON, JAY
Address: PO BOX 511232
City-St-Zip: PORT CHARLOTTE, FL 33951

Title: VPSD () Delete
Name: CARLSON, GINA
Address: PO BOX 511232
City-St-Zip: PORT CHARLOTTE, FL 33951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY CARLSON

PTD

04/10/2009

Electronic Signature of Signing Officer or Director

Date