

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # H91132

1. Entity Name
NEBHART, INC.



Principal Place of Business
% F. I. NEBHART, JR.
5409 N. STANFORD DRIVE
NASHVILLE, TN 37215

Mailing Address
% F. I. NEBHART, JR.
5409 N. STANFORD DRIVE
NASHVILLE, TN 37215



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2611852

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEBHUT, F.I., JR.
C/O GUNSTER, YOAKLEY
10 CENTRAL PARKWAY
STUART, FL 33494

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000577439
01/08/07-80016-016 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEBHUT, F. I., JR.
STREET ADDRESS 5409 N. STANFORD DR.
CITY-ST-ZIP NASHVILLE, TN

TITLE D
NAME HART, H. RODES
STREET ADDRESS 612-10TH AVE NORTH
CITY-ST-ZIP NASHVILLE, TN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4, 2007 615-6650078
Date Daytime Phone #