

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62755

FILED
Apr 28, 2009
Secretary of State

Entity Name: NNAPS INCORPORATION

Current Principal Place of Business:

% WILLIE SPANN
5748 AVENUE B
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

% WILLIE SPANN
5748 AVENUE B
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-2790322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPANN, WILLIE
5748 AVENUE B
JACKSONVILLE, FL US

Name and Address of New Registered Agent:

SPANN, WILLIE
5748 AVENUE B
JACKSONVILLE, FL 32209 US

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: WILLIE SPANN

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPANN, WILLIE
Address: 5748 AVENUE B
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: SPANN, BARNEY
Address: 154 WEST 6TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: SPANN, ALFRED
Address: 8942 CASTLE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: BRADFORD, VIVIAN
Address: 8819 CAMPHOR
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BARNEY SPANN

DIR

04/28/2009

Electronic Signature of Signing Officer or Director

Date