

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90231 008 ***150.00

DOCUMENT # L79102

1. Entity Name
NJB INVESTMENTS, INC.



Principal Place of Business
**860 STATE ROAD 434, NORTH
SUITE 7
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**860 STATE ROAD 434, NORTH
SUITE 7
ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**6355 MetroWest Blvd., Suite 330
Orlando, Florida 32835**



04182006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3014234

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSSMAN, NANCY
6355 METRO WEST BLVD
ORLANDO, FL 32835**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **GOODMAN, LAUREN B**
STREET ADDRESS **860 STATE RD 434 NORTH #7**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **ROSSMAN, NANCY A**
STREET ADDRESS **6355 METROWEST BLVD, SUITE 330**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **FEINSTEIN, JEROME D.**
STREET ADDRESS **860 STATE RD 434 NORTH #7**
CITY-ST-ZIP **ALTAMONTE SPRGS, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **GOODMAN, MICHAEL A**
STREET ADDRESS **860 STATE RD 434 NORTH #7**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GOLD, SCOTT H**
STREET ADDRESS **860 STATE ROAD 434 NORTH STE 7**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Nancy Rossman, VP

Date

4-20-06

407-523-2323

Daytime Phone #