## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # M05737 1. Entity Name NEVLAND ENTERPRISES, INC.



FILED Jan 23, 2006 08:00 AN Secretary of State

Principal Place of Business 1360 GOLF DRIVE FT. MYERS, FL 33919-6360 Mailing Address 1360 GOLF DRIVE FT. MYERS, FL 33919-6360

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DO NOT	WRITE	IN TH	IS SPA	CE

6. Name and Address of Current Registered Agent

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2475486 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

5. Certificate of S

Fee Required

BERKE, BILL B. 1332 CAPE CORAL PKWY. FORT MYERS, FL 33919

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<ol> <li>The above named entity submits this statement for the the obligations of registered agent.</li> </ol>	e purpose of changing its registere	d office or registered a	igent, or both, in the	State of Florida. I am fa	amiliar with, and accept
SIGNATURE	Po il continue AlOTE Paratored	Agent signature required when	- colontation	DATE	
Signature, typed or printed name of registered agent and t	the it applicable. (NO12, Registered	Agent signature required when	- (emstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 Added to	May Be o Fees		
10. OFFICERS AND DIR	ECTORS				
TITLE PST  NAME NEVLAND, OLAV  STREET ADDRESS 1360 GOLF DRIVE CITY-ST-2IP FT. MYERS, FL		-2 <del>65</del>		U00000395959	
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NAME STREET ADDRESS CITY-ST-ZIP		5 E1 60 10 11 11 50	三 三 三 三		
12. I hereby certify that the information supplied with this	s filing does not qualify for the exe	mptions contained in C	Chapter 119, Florida	a Statutes, I further certi	fy that the Information

12. I hereby certify that the information supplied with this filling 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 14-06-239-481-6346

Daytime Phone #