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Jun 20, 2005 8:00 am
Secretary of State

04-15-2005 90105 034 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000109627

1. Entity Name
N&B GENERAL MAINTENANCE, INC.

Principal Place of Business	Mailing Address
8168 W MCNAB RD PMB 100 NORTH LAUDERDALE, FL 33068	8168 W MCNAB RD PMB 100 NORTH LAUDERDALE, FL 33068

04122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 8202 SW 11CT	3. Mailing Address: 8202 SW 11 CT
Suite, Apt. #, etc.: North Lauderdale FL	Suite, Apt. #, etc.
City & State: Fla.	City & State: North Lauderdale Fla.
Zip: 33068 Country: USA	Zip: 33068 Country: USA

4. FEI Number: 65-1058786 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOND, NOEL G
8202 SW 11TH COURT
NORTH LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

Name: Noel G. Bond
Street Address (P.O. Box Number is Not Acceptable): 8202 SW 11CT
City: North Lauderdale FL Zip Code: 33068

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 ... the obligations of registered agent.

SIGNATURE: Noel Bond
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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOND, NOEL G 1629 SW 81 AVE NORTH LAUDERDALE, FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8202 SW 11CT North Lauderdale FL 33068	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Noel Bond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #