## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 07, 2008 8:00 am Secretary of State **DOCUMENT # P01000007613** 01-25-2008 90037 028 \*\*\*150 00 NURENBERG CONSTRUCTION, INC. Principal Place of Business Mailing Address 122 DATE PALM DR P.O. BOX7419 66002841 JUPITER, FL 33458 JUPITER, FL 33468 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1083979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE LAUTERBORN, ABIGAIL M 122 DATE PALM DR JUPITER, FL 33458 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 4 applicable. (NOTE: Pegistered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS CHANGE OF DIRECTOR 10. TITLE NURENBERG, DANIEL J NAME STREET ADDRESS 11095 159TH CT, N CITY-ST-ZIP JUPITER, FL 33478 TITLE NAME STREET ADDRESS CITY-5T-20P TITLE NAME STREET ADDRESS DO NOT WRITE CHY-SI-AP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS CITY-57-71P TITLE 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 aptdress, with all other like empowered. SIGNATURE:

MING OFFICER OF CHRECTOR

**FILED** 

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT DOCUMENT # P01000007613 NURENBERG CONSTRUCTION, INC. Mailing Address Principal Place of Business P.O. BOX7419 122 DATE PALM DR JUPITER, FL 33458 JUPITER, FL 33468 "(do002841. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03022008 Chg-P Applied For City & State City & State 4. FEI Number Not Applicable 65-1083979 \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAUTÉRBORN, ABIGAIL M Street Address (P.O. Box Number is Not Acceptable) 122 DATE PALM DR JUPITER, FL 33458 City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Change ☐ Addition TITLE TITLE Delete NURENBERG, DANIEL J NAME NAME 16549 70th TERRACE 11095 159TH CT, N STREET ADDRESS STREET ADDRESS 33418 BARDENS FL PALM BEACH JUPITER, FL 33478 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change | ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

3-08-08

Daytime Phone #