


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90484 014 ***150.00

DOCUMENT # P01000014450 1. Entity Name NP IV, INC.	
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Principal Place of Business 5821 LAKE WORTH ROAD GREENACRES, FL 33463	Mailing Address 5821 LAKE WORTH ROAD GREENACRES, FL 33463
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04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1094869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIDEL, PETER S
5821-C LAKE WORTH ROAD
GREENACRES, FL 33463

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HART, JOEL B 5821 LAKE WORTH ROAD GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FORBERGER, PAUL 5821 LAKE WORTH ROAD GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIDEL, PETER S 5821 LAKE WORTH ROAD GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HART, NANCY C 5821 LAKE WORTH ROAD GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Paul Forberger **4-19-05** 564.966.0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #