


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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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04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1094869	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIDEL, PETER S 5821-C LAKE WORTH ROAD GREENACRES, FL 33463

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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.

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	

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 05/11/06-80114-023 150.00

DO NOT WRITE IN THIS SPACE

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: Paul Forberger VP Date: 4/25/06 Daytime Phone #: 561-966-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR