


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90028 005 ***150.00

DOCUMENT # P01000014450					
1. Entity Name NP IV, INC.					
Principal Place of Business 5821 LAKE WORTH ROAD GREENACRES, FL 33463			Mailing Address 5821 LAKE WORTH ROAD GREENACRES, FL 33463		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-P CR2E034 (12/06)	
Zip		Country		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			7. Name and Address of New Registered Agent		
SIDEL, PETER S 5821-C LAKE WORTH ROAD GREENACRES, FL 33463			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HART, JOEL B	NAME			
STREET ADDRESS	5821 LAKE WORTH ROAD	STREET ADDRESS			
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	SVP-Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORBERGER, PAUL	NAME	Forberger, Paul		
STREET ADDRESS	5821 LAKE WORTH ROAD	STREET ADDRESS	5821 Lake Worth Rd.		
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP	Greenacres, FL 33463		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIDEL, PETER S	NAME			
STREET ADDRESS	5821 LAKE WORTH ROAD	STREET ADDRESS			
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HART, NANCY C	NAME			
STREET ADDRESS	5821 LAKE WORTH ROAD	STREET ADDRESS			
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, MATTHEW P	NAME			
STREET ADDRESS	5821 LAKE WORTH ROAD	STREET ADDRESS			
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Paul Forberger</i>		Paul Forberger, Senior VP		03/01/08 561-966-0070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	