

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078660

Entity Name: NPCA, INC.

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

880 STATE RD. A1A  
PONTE VEDRA, FL 32082

## New Principal Place of Business:

## Current Mailing Address:

14333-42 BEACH BLVD.  
JACKSONVILLE, FL 32250

## New Mailing Address:

13245 ATLANTIC BLVD  
STE. 4-398  
JACKSONVILLE, FL 32225

FEI Number: 59-3737203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, HULSEY, & BUSEY, PROFESSIONAL ASSOC  
225 WATER STREET, SUITE 1800  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: SEVERIDT, DEAN D  
Address: 14333-42 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32250

Title: S/D ( ) Delete  
Name: SEVERIDT, KINDERA  
Address: 14333-42 BEACH BLVD.  
City-St-Zip: JACKSONVILLE, FL 32250

Title: T ( ) Delete  
Name: SEVERIDT, NIKOLAS  
Address: 14333-42 BEACH BLVD.  
City-St-Zip: JACKSONVILLE, FL 32250

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN SEVERIDT

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date