

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # **P02000025616**

1. Entity Name

N.R. FLOOD TECHNICAL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 20 AM 9:20

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6810 CORAL COVE DR

3. Mailing Address

6810 CORAL COVE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

01-0633965

Applied For

Not Applicable

Zip

32818

Country

USA

Zip

32818

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034B (8/05)

000137089610
10/20/08--01059--001 **150.00

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **SPIEGEL EUTRERA, P. A.**

Street Address (P.O. Box Number is Not Acceptable)
1840 SW 22ND ST.

4TH FLOOR

City

MIAMI

FL

Zip Code

33145 US

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **BATTAN, NIGEL**
STREET ADDRESS **6810 CORAL COVE DR**
CITY-ST-ZIP **ORLANDO FL 32818 US**

TITLE **VSP**
NAME **BATTAN, CHRISTOPHER**
STREET ADDRESS **6810 CORAL COVE DR**
CITY-ST-ZIP **ORLANDO FL 32818 US**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nigel Battan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/08
Date

407-446-6061
Daytime Phone #