2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 12, 2006 8:00 am Secretary of State

DOCUMENT # P03000036222 1. Entity Name NBTB, INC.					Secretary of State 09-12-2006 90008 019 ***150.00			
Principal Plac	e of Business	Mailing Address		<u> </u>				
20329 US HIGHWAY 27 20329 US HIGHWAY 27				·				
CLERMONT,, FL 34711 CLERMONT,, FL 34711								
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	28188 480 25 0 25 0 25 0 26 0	. 	18 8 18 8 18 8 18 8 18 8 18 8 18 8 18	
Principal Place of Business 3. Mailing Address								
714 Controloury Lane 714 Cantersum					i esian citi apit bani obi	t mariam tistan missan tisasan estatan tila	11881 II 1881	
Suite, Apt.	site, Apt. #, etc. Suite, Apt. #, etc.		T	09082006	09082006 Chg-P CR2E034 (11/05)			
Gity & State	' . \-	City & State	FI	4. FEI Numb	-	<u> </u>	plied For	
Zip	SSIMMER KISSIMMER TA		Country	58-2667889 Not Applicable				
3474	H USA	34741	USA	5. Certificate	of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent		
Name								
WILSON, MARK 20329 US HIGHWAY 27				Street Address (P.O. Box Number is Not Acceptable)				
CLERMON	IT, FL 34711							
						₽ Zip Code		
			City			rl '		
8. The above named entity submits the statement for the surpose 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.								
G/c/.								
SIGNATURE Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
The second secon								
FILE NOWI!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance v corporation did	vith s. 607.193(2)(b), not receive the prior r	F.S., the notice.	
10	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11	
inirE	PRES	Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	WILSON, MARK WMR 714 CANTERBURY LANE		NAME STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP						
TITLE	VP	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	WILSON, KAREN L MRS	NAME						
STREET ADDRESS	714 CANTERBURY LANE	STREET ADDRESS						
CITY-ST-ZEP	KISSIMMEE, FL 34741		C(TY-ST-ZIP			П съ	C Addison	
NAME	1	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TILE		☐ Delete	TITLE .			☐ Change	Addition	
NAME	İ		NAME					
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		<u>-</u>	CITY-ST-ZBP			5 ~	74.00	
TITLE NAME	1	☐ Delete	TITLE NAME			Change	Addition	
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	or the exemptions conta	ined in Chapter 11	9, Florida Statutes.	further certify that the i	nformation or director	
12. Thereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I furner 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 trustree 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.								