2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051917

Address:

City-St-Zip:

10650 PARK PLACE DRIVE

LARGO, FL 33778

FILED Jan 21, 2008 Secretary of State

Entity Na	me: N&B CON	ISTRUCTION, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	RROW ST HILL, FL 34609					
Current Mailing Address:			New Mailing Address:			
	RROW STREE HILL, FL 34609	Т				
FEI Number	: 59-2668973	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
	UIDO RROW ST HILL, FL 34609	US				
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () NARDI, GUIDO 13025 BARROV SPRING HILL, F		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	V () NARDI, CIRO 13025 BARROV SPRING HILL, F		Title: Name: Address: City-St-Zip:	NARDI, STEV 14321 WAKE		
Title: Name: Address: City-St-Zip:	S () NARDI, JOANN 13025 BARROV SPRING HILL, F		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	T () NARDI, JOANN 13025 BARROV SPRING HILL, F		Title: Name: Address: City-St-Zip:	(()Change ()Addition	
Title: Name:	D () DONOFRIO, FR	Delete ANK	Title: Name:	VP (BERRY, CHR	(X) Change()Addition	

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.

Address:

City-St-Zip:

13519 60TH ST N CLEARWATER, FL 33760

SIGNATURE: GUIDO J NARDI Ρ 01/21/2008