


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90036 039 \*\*\*150.00

<b>DOCUMENT # P04000104414</b> 1. Entity Name <b>NLC REAL ESTATE SERVICES, INC.</b>			
Principal Place of Business <b>2032 JASON DRIVE CANTONMENT, FL 32533</b>		Mailing Address <b>2032 JASON DRIVE CANTONMENT, FL 32533</b>	
2. Principal Place of Business <b>3782 Hwy 90</b> Suite, Apt. #, etc.		3. Mailing Address <b>32296 Riverlake Rd</b> Suite, Apt. #, etc.	
City & State <b>Doce, FL</b>		City & State <b>Seminole, AL</b>	
Zip <b>32541</b>		Zip <b>36574</b>	
Country <b>San Jose</b>		Country <b>Baldwin</b>	
4. FEI Number <b>20-3264507</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FAUBERT, SANDRA 16784 PERDIDO KEY DRIVE #4 PENSACOLA, FL 32513</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8076 Castle Park Way</b> City <b>Pensacola</b> <b>FL</b> Zip <b>32506</b>	
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 <u><i>Sandra Faubert</i></u> DATE <u>8/4/05</u> <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P Cathy CATHY, NANCY 2032 JASON DRIVE CANTONMENT, FL 32533</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>32296 Riverlake Rd Seminole, AL 36574</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other the empowered.			
SIGNATURE: <u><i>Nancy Cathy</i></u>		Date <u>8/4/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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