

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 049 ***150.00

DOCUMENT # P04000164644					
1. Entity Name NUBY GREEN'S REPAIRS, INC.					
Principal Place of Business 2636 N LAKEFRONT DR HERNANDO, FL 34442 US			Mailing Address 2636 N LAKEFRONT DR HERNANDO, FL 34442 US		
2. Principal Place of Business 2110 W. Oyer Lane Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Lecanto FL		City & State Same		4. FEI Number 20-1999591	
Zip 34461		Country USA		Applied For Not Applicable	
Zip 34461		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, DENISE C 2636 N LAKEFRONT DR HERNANDO, FL 34442			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME GREEN, NUBY N STREET ADDRESS 2636 N LAKEFRONT DR CITY-ST-ZIP HERNANDO, FL 34442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2110 W. Oyer Lane CITY-ST-ZIP Lecanto FL 34461	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME GREEN, DENISE C STREET ADDRESS 2636 N LAKEFRONT DR CITY-ST-ZIP HERNANDO, FL 34442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2110 W. Oyer Lane CITY-ST-ZIP Lecanto FL 34461	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GREEN, DENISE C STREET ADDRESS 2636 N LAKEFRONT DR CITY-ST-ZIP HERNANDO, FL 34442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2110 W. Oyer Lane CITY-ST-ZIP Lecanto FL 34461	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GREEN, NUBY N STREET ADDRESS 2636 N LAKEFRONT DR CITY-ST-ZIP HERNANDO, FL 34442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2110 W. Oyer Lane CITY-ST-ZIP Lecanto FL 34461	<input 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	
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 exemptions contained 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 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 life empowered.					
SIGNATURE: <i>Denise C. Green</i>			Date: 4-11-06 Daytime Phone #: 352-400-1300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					