


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90121 038 \*\*\*150.00

<b>DOCUMENT # P05000108166</b>					
1. Entity Name <b>NATNYL SERVICES, INC.</b>					
Principal Place of Business <b>7128 COVE PL TAMPA, FL 33617</b>			Mailing Address <b>7128 COVE PL TAMPA, FL 33617</b>		
2. Principal Place of Business <b>1010 CRYSTAL CARBON WAY, VALRICO</b>		3. Mailing Address <b>1010 CRYSTAL CARBON WAY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>VALRICO FLORIDA</b>		City & State <b>VALRICO, FLORIDA</b>		4. FEI Number <b>20-3248093</b>	
Zip <b>33594</b>	Country <b>USA</b>	Zip <b>33594</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NILES, JOHN D 7128 COVE PL TAMPA, FL 33617</b>			7. Name and Address of New Registered Agent Name <b>JOHN D NILES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1010 CRYSTAL CARBON WAY</b> <b>VALRICO</b> City <b>FL</b> Zip Code <b>33594</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>John D. Niles</i></u> ( <b>JOHN D. NILES</b> ) DATE <b>3.25.06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. NILES, JOHN D 7128 COVE PL TAMPA, FL 33617 <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	SEC. NILES, GITFAH L 7128 COVE PL TAMPA, FL 33617 <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	TREA NILES, GITFAH L 7128 COVE PL TAMPA, FL 33617 <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		
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 like empowered.					
SIGNATURE: <u><i>John D. Niles</i></u> ( <b>JOHN D. NILES</b> )		Date <b>3.25.06</b>		Daytime Phone # <b>813 956 1380</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	