

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P06000111595

1. Entity Name  
NP NINE, INC.



Principal Place of Business  
5821 LAKE WORTH ROAD  
GREENACRES, FL 33463

Mailing Address  
5821 LAKE WORTH ROAD  
GREENACRES, FL 33463



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5489152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SIDEL, PETER S  
5821 LAKE WORTH ROAD  
GREENACRES, FL 33463

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HART, JOEL B
STREET ADDRESS	5821 LAKE WORTH ROAD
CITY - ST - ZIP	GREENACRES, FL 33463

TITLE	SVP
NAME	FORBERGER, PAUL
STREET ADDRESS	5821 LAKE WORTH ROAD
CITY - ST - ZIP	GREENACRES, FL 33463

TITLE	D
NAME	SIDEL, PETER S
STREET ADDRESS	5821 LAKE WORTH ROAD
CITY - ST - ZIP	GREENACRES, FL 33463

TITLE	VP
NAME	ADAMS, MATTHEW P
STREET ADDRESS	5821 LAKE WORTH ROAD
CITY - ST - ZIP	GREEN ACRES, FL 33463

TITLE	SD
NAME	HART, NANCY C
STREET ADDRESS	5821 LAKE WORTH ROAD
CITY - ST - ZIP	GREEN ACRES, FL 33463

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000291087  
04/23/08-80011-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Forberger, Senior VP 02/01/08 561-966-0070

Date

Daytime Phone #