2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90035 030 ***150.00

DOCUMENT # P06000124361

1. Entity Name
N & R SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
701 S FLORIDA AVENUE WAUCHULA, FL 33873	5425 ELVIS PRESLEY BLVD SUITE B MEMPHIS, TN 38116

01172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
302 S. Massachusetts Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lakeland FL		City & State	
Zip: 33801	Country: US	Zip	Country

4. FEI Number 20-5622772 ~~NOT APPLICABLE~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REYNA, JESSIE 701 S FLORIDA AVENUE WAUCHULA, FL 33873	Name: Jennifer Arroyo Street Address (P.O. Box Number is Not Acceptable): 302 S. Massachusetts Avenue City: Lakeland FL Zip Code: 33801

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 ✓ Jennifer Arroyo Jennifer Arroyo ✓ 2/11/08
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P REYNA, JESSIE 701 S FLORIDA AVE WAUCHULA, FL 33873	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P, V, S, T, O Richard Michael Nobles 5425 Elvis Presley Blvd., Suite B Memphis, TN 38116	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOBLES, MIKE 701 S FLORIDA AVE WAUCHULA, FL 33873	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ✓ Richard Michael Nobles Richard Michael Nobles 2/21/08 ✓ 901-331-3091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #