
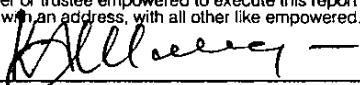


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90026 030 ***150.00

DOCUMENT # P07000080519 1. Entity Name NPC JAX, INC.					
Principal Place of Business 4912 SUMNER CREEK DR. JACKSONVILLE, FL 32258			Mailing Address 4912 SUMNER CREEK DR. JACKSONVILLE, FL 32258		
2. Principal Place of Business - No P.O. Box # 4918 Sumner Creek Dr		3. Mailing Address 4918 Sumner Creek Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL 32258		City & State Jacksonville, FL 32258		4. FEI Number 26-0593428	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHMARAEVA, VERA V 4912 SUMNER CREEK DR. JACKSONVILLE, FL 32258		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4918 Sumner Creek Drive City Jacksonville, FL Zip Code 32258			
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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHMARAEV, KONSTANTIN A <input type="checkbox"/> Delete 4912 SUMNER CREEK DR. JACKSONVILLE, FL 32258		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4918 Sumner Creek Drive Jacksonville, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHMARAEV, VERA V <input type="checkbox"/> Delete 4912 SUMNER CREEK DR. JACKSONVILLE, FL 32258		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President/Director Shmaraev, Vera V 4918 Sumner Creek Drive Jacksonville, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary/Treasurer Alexandra V. Heller 6776 Townsend Rd.#168 Jacksonville, FL 32244	
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: 			2-22-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		