
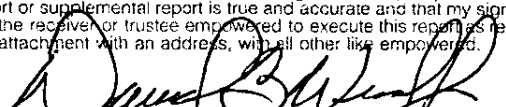


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90034 007 \*\*\*150.00

<b>DOCUMENT # P07000124394</b> 1. Entity Name <b>NBF, INC.</b>			
Principal Place of Business <b>9524 BLIND PASS ROAD</b> <b>22</b> <b>ST. PETE. BEACH FL 33706</b> <b>US</b>		Mailing Address <b>9524 BLIND PASS ROAD</b> <b>22</b> <b>ST. PETE. BEACH FL 33706</b> <b>US</b>	
2. Principal Place of Business - No P.O. Box # <b>9524 BLIND PASS RD</b> Suite, Apt. #, etc. <b>22</b>		3. Mailing Address <b>9524 BLIND PASS RD.</b> Suite, Apt. #, etc. <b>22</b>	
City & State <b>ST. PETE Bch., FL.</b> Zip <b>33706</b>		City & State <b>ST. PETE. Bch., FL.</b> Zip <b>33706</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>35-2315491</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>WINKLER, DAVID B MR.</b> <b>9524 BLIND PASS ROAD</b> <b>22</b> <b>ST. PETE. BEACH FL 33706- US</b>		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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title (if applicable)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <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 <b>P</b>	NAME <b>WINKLER, DAVID B MR.</b>	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS <b>3942 15 AVE. NO.</b>	CITY-ST-ZIP <b>ST. PETERSBURG, FL 33713</b>	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP <b>ST. PETERSBURG, FL 33713</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		3-24-08 727-360-1380	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day-Mo-Year	