2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000063653

1. Entity Name NC IV INC.

FILED Jan 10, 2005 08:00 AM **Secretary of State** 01052005 No Chg-P CR2E034 (10/03) 4. FEI Number 14-1754992 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DATE U00000176502 01/10/05-80094-014 150.00

Principal Place of Business Mailing Address 6150 PORTER RD 6150 PORTER RD SARASOTA, FL 34240 SARASOTA, FL 34240

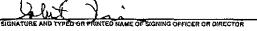
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PRICE, ROBERT R DO NOT WRITE 6150 PORTER RD SARASOTA, FL 34240 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. INOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THLE NAME PRICE, ROBERT R STREET ADDRESS 10687 FRUITVILLE ROAD CITY-ST-ZIP SARASOTA, FL 34240 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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:

VITLE NAME STREET ADDRESS



1-5-04

941-378-9133

Daytime Phone #