## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000053303

Entity Name: NBNC, INC.

FILED Jul 06, 2004 Secretary of State

4160 OAK CIRCLE BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

4160 OAK CIRCLE BOCA RATON, FL 33431

FEI Number: 65-0846033 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANIKAS, WILLIAM

639 E OCEAN AVE, SUITE #307

BOYNTON BEACH, FL 33435 US

KING, STEPHEN L PRES.
3408 THOROUGHBRED RUN
WELLINGTON, FL 33467 US

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.

SIGNATURE: STEPHEN L. KING 07/06/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

Name: KING, STEPHEN Name: KING, STEPHEN

Address: 9052 VILLA PORTOFINO CIRCLE Address: 3408 THOROUGHBRED RUN City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: WELLINGTON, FL 33467

Title: T ( ) Delete Title: T (X) Change ( ) Addition

Name: KING, KAREN Name: KING, KAREN

Address: 9052 VILLA PORTOFINO CIRCLE Address: 3408 THOROUGHBRED RUN
City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: WELLINGTON, FL 33467

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SELFSLAGHS, JOHN
 Name:

 Address:
 5315 REFLECTIONS BLVD.
 Address:

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 SELFSLAGHS, MARGARET
 Name:

 Address:
 5315 REFLECTIONS BLVD.
 Address:

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN KING PSD 07/06/2004