

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002057

Entity Name: NLSPV INC.

FILED  
Apr 08, 2009  
Secretary of State

## Current Principal Place of Business:

200 EXECUTIVE WAY  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

2201 SAWGRASS VILLAGE DR  
PONTE VEDRA BEACH, FL 32082

## Current Mailing Address:

200 EXECUTIVE WAY  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

2201 SAWGRASS VILLAGE DR  
PONTE VEDRA BEACH, FL 32082

FEI Number: 59-3549564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLASZAK, STEPHEN J  
200 EXECUTIVE WAY  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

BLASZAK, STEPHEN J  
2201 SAWGRASS VILLAGE DR  
PONTE VEDRA BEACH, FL 32082 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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BLASZAK, STEPHEN J  
Address: 200 EXECUTIVE WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete  
Name: LABBY, JOAN M  
Address: 200 EXECUTIVE WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete  
Name: SENECA, RENNO J  
Address: 200 EXECUTIVE WAY  
City-St-Zip: PONTE VEDRA BCH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BLASZAK, STEPHEN J  
Address: 2201 SAWGRASS VILLAGE DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP (X) Change ( ) Addition  
Name: LABBY, JOAN M  
Address: 2201 SAWGRASS VILLAGE DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP (X) Change ( ) Addition  
Name: SENECA, RENNO J  
Address: 2201 SAWGRASS VILLAGE DR  
City-St-Zip: PONTE VEDRA BCH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 J BLASZAK

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date