## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000039432

FILED Feb 18, 2009 Secretary of State

Entity Name: NFR MANAGEMENT COMPANY OF FLORIDA INCORPORATED

| Current Principal Place of Business:          |  |                                 | New Principal Place o                       | New Principal Place of Business:             |  |
|---|--|---------------------------------|---|--|--|
| SUITE 101                                     | LMATE DRIVE<br>A, FL 34243                               |                                 |   |  |  |
| Current Mailing Address:                      |  |                                 | New Mailing Address                         | New Mailing Address:                         |  |
| SUITE 101                                     | LMATE DRIVE<br>A, FL 34243                               |                                 |   |  |  |
|   | 65-0916092   | FEI Number Applied For ( )      | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                 | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| 728 PLUM                                      | ), MARY JANE<br>TREE LANE<br>A, FL 34243                 | US                              |   |  |  |
|   | named entity s<br>e of Florida.                          | ubmits this statement for the p | ourpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATUR                                      | RE:  |                                 |   |  |  |
| Electronic Signature of Registered Agent      |  |                                 | ent   | Date   |  |
| Election Car                                  | npaign Financing   | Trust Fund Contribution ( ).    |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                 | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DPT ()<br>COSSINGHAM, I<br>6 BONNIE LANE<br>CLAREMONT, N |                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DVPS ()<br>COSSINGHAM,<br>106 ELM STREE<br>NEWPORT, NH   | ET                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
|   |  |                                 |   |  |  |

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: HENRY COSSINGHAM DPT 02/18/2009