

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000072902

1. Entity Name  
N.B.D. DEVELOPMENT, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP -7 AM 8:52

Principal Place of Business

3640 AIRPORT ROAD  
BUILDING 12-1  
BOCA RATON, FL 33431 US

Mailing Address

PO BOX 811987  
BOCA RATON, FL 33481 US

**DO NOT WRITE IN THIS SPACE**

09062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0959459

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSEY, JOHN T  
PO BOX 811987  
BOCA RATON, FL 33481

**DO NOT WRITE  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
KINSEY, JOHN T  
3640 AIRPORT ROAD, BUILDING 12-1  
BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

800059813708  
09/21/05--01016--006 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *John T. Kinsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John T. Kinsey*

Date

Daytime Phone #

9-505 5612898552