## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # S75284** 1. Entity Name NDC BUILDERS OF FLORIDA, INC. Principal Place of Business Mailing Address 2901 W. SR 434 P O BOX 551260 JACKSONVILLE, FL 32255 SUITE 131 LONGWOOD, FL 32779 CR2E034 (11/05) 03132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3082185 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANSBACHER & SCHNEIDER, P.A. DO NOT WRITE 5150 BELFORT RD **BLDG 100** IN THIS SPACE JACKSONVILLE, FL. 32256 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 alignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE NAME SCHWARTZ, WINSTON STREET ADDRESS 3528 LEGACY HILLS CT. LONGWOOD, FL 32779 CITY-ST-ZP ππε 000000859980 04/02/08-80044-024 150.00 NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE

12. Thereby certify that the Information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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 the empowered.

unton

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # .