

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90074 014 ***150.00

DOCUMENT # V24933

1. Entity Name
NULAB, INC.



Principal Place of Business
**519 CLEVELAND STREET
101
CLEARWATER FL 34615
US**

Mailing Address
**519 CLEVELAND ST
101
CLEARWATER FL 34615
US**



2. Principal Place of Business - No P.O. Box #

**2180 Calumet ST.
Clearwater FL**

3. Mailing Address

2180 Calumet ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

4. FEI Number **59-3114901**

Applied For
Not Applicable

Zip

33765 USA

Zip

33765 USA

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**LYONS, GARY W
311 S. MISSOURI AVE
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuance)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **JOHANSSON, HAKAN**
STREET ADDRESS **519 CLEVELADN STREET 101**
CITY ST ZIP **CLEARWATER FL**

TITLE **S** ☐ Delete
NAME **JOHANSSON, GABRIELA**
STREET ADDRESS **519 CLEVELAND ST 101**
CITY ST ZIP **CLEARWATER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **HAKAN JOHANSSON** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2180 Calumet St.**
CITY ST ZIP **Clearwater, FL 33765**

TITLE **Gabriela JOHANSSON** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2180 Calumet St.**
CITY ST ZIP **Clearwater, FL 33765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #