


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # V53610 1. Entity Name NEXTRAN CORPORATION	
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Principal Place of Business 1986 W. BEAVER STREET JACKSONVILLE FL 32209	Mailing Address P.O. BOX 2680 JACKSONVILLE FL 32203
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3139839** Applied For Not Applied

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

6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name _____

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

City _____ State **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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 Added to Fee

10. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	PRITCHETT, MARVIN H.
STREET ADDRESS	HIGHWAY 100
CITY-ST-ZIP	LAKE BUTLER FL 32054
TITLE	PCEO <input type="checkbox"/> Delete
NAME	PRITCHETT, JON W.
STREET ADDRESS	5213 S.W. 94TH STREET
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	S <input type="checkbox"/> Delete
NAME	PRITCHETT, JON W.
STREET ADDRESS	5213 S.W. 94TH STREET
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	CFO <input type="checkbox"/> Delete
NAME	PEREZ, STEVE F
STREET ADDRESS	1986 W BEAVER STREET
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	V <input type="checkbox"/> Delete
NAME	USSERY, JIM
STREET ADDRESS	7810 ADAMO DRIVE
CITY-ST-ZIP	TAMPA FL 33619
TITLE	V <input type="checkbox"/> Delete
NAME	BROWN, CHARLES
STREET ADDRESS	2200 WEST LANDSTREET ROAD
CITY-ST-ZIP	ORLANDO FL 32809

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000487192
04/13/06-80066-016 150.00

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: 