


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # V53610
 1. Entity Name
NEXTRAN CORPORATION



Principal Place of Business
**1986 W. BEAVER STREET
 JACKSONVILLE, FL 32209**

Mailing Address
**P.O. BOX 2880
 JACKSONVILLE, FL 32203**

DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3139839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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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, 2008 Fee will be \$550.00**

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

U00000877734
 04/14/08-90026-011 150.00

10. OFFICERS AND DIRECTORS

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

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12. I hereby 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 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: *Steve Perez* **3-31-08** **904-354-3721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #