

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V53610

FILED
Mar 16, 2009
Secretary of State

Entity Name: NEXTRAN CORPORATION

Current Principal Place of Business:

1986 W. BEAVER STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2880
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3139839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PRITCHETT, MARVIN H.,
Address: HIGHWAY 100
City-St-Zip: LAKE BUTLER, FL 32054

Title: PCEO () Delete
Name: PRITCHETT, JON W.,
Address: 5213 S.W. 94TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: PRITCHETT, JON W.,
Address: 5213 S.W. 94TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: CFO () Delete
Name: PEREZ, STEVE F
Address: 1986 W BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: V () Delete
Name: USSERY, JIM
Address: 7810 ADAMO DRIVE
City-St-Zip: TAMPA, FL 33619

Title: V () Delete
Name: BROWN, CHARLES
Address: 2200 WEST LANDSTREET ROAD
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANETTE C. TOOL

Electronic Signature of Signing Officer or Director

CONT

03/16/2009

_____ Date