


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90049 022 \*\*\*158.75

**DOCUMENT # P04000147814**  
 1. Entity Name  
**NHB HOLDINGS, INC.**



Principal Place of Business  
**6622 SOUTHPOINT DRIVE SOUTH  
 SUITE 310  
 JACKSONVILLE, FL 32216**

Mailing Address  
**6622 SOUTHPOINT DRIVE SOUTH  
 SUITE 310  
 JACKSONVILLE, FL 32216**

40016343



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02082005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**41-2157132**

Applied For  
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLAGLE, WILLIAM G  
 6622 SOUTHPOINT DRIVE SOUTH  
 SUITE 310  
 JACKSONVILLE, FL 32216**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>W/G</b>
STREET ADDRESS		STREET ADDRESS	<b>William G. Sagle</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>2308 Barefoot Trace Atlantic Beach, FL 32233</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D</b>
STREET ADDRESS		STREET ADDRESS	<b>John W. Westman</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>2213 Alicia Lane Atlantic Beach, FL 32233</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D</b>
STREET ADDRESS		STREET ADDRESS	<b>W. Loch Ireland</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>2211 Alicia Lane Atlantic Beach, FL 32233</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D</b>
STREET ADDRESS		STREET ADDRESS	<b>T. Stephen Johnson</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>3650 Mansell Road Alpharetta GA 30022</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>V</b>
STREET ADDRESS		STREET ADDRESS	<b>David R. Ashley</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>5020 Yacht Club Road Jacksonville FL 32210</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>V</b>
STREET ADDRESS		STREET ADDRESS	<b>Stuart D. Gurr</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>5157 Riverhill Road Marietta GA 30068</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David R. Ashley **DAVID R. ASHLEY** 2/7/05 904-332-6608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #