


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90015 010 ***158.75

DOCUMENT # P04000147814			
1. Entity Name NHB HOLDINGS, INC.			
Principal Place of Business 5210 BELFORT RD SUITE 100 JACKSONVILLE, FL 32256		Mailing Address 5210 BELFORT RD SUITE 100 JACKSONVILLE, FL 32256	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 41-2157132		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
8. 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 SLAGLE, WILLIAM G. Street Address (P.O. Box Number is Not Acceptable) 5210 BELFORT ROAD, STE 100 City JACKSONVILLE FL Zip Code 32256	
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 <i>William G. Slagle</i>		DATE 1/26/2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CD NAME SLAGLE, WILLIAM G STREET ADDRESS 2300 BAREFIT TERR 5210 BELFORT ROAD, STE 100 CITY-ST-ZIP ATLANTIC BEACH, FL 32233 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE D NAME RICHARD D. DANFORD STREET ADDRESS 5210 BELFORT ROAD, SUITE 100 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WESTMAN, JOHN W STREET ADDRESS 2218 ALICIA LANE 5210 BELFORT ROAD, STE 100 CITY-ST-ZIP ATLANTIC BEACH, FL 32233 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE D NAME RICHARD H. MANSFIELD STREET ADDRESS 5210 BELFORT ROAD, SUITE 100 CITY-ST-ZIP JACKSONVILLE FLORIDA 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME IRELAND, WELCH (LOCK) STREET ADDRESS 2211 ALICIA LANE 5210 BELFORT ROAD, STE 100 CITY-ST-ZIP ATLANTIC BEACH, FL 32233 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE V NAME TIMOTHY R. HAUG STREET ADDRESS 5210 BELFORT ROAD, SUITE 100 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JOHNSON, T STEPHEN STREET ADDRESS 3690 MANSALL ROAD 5210 BELFORT ROAD STE 100 CITY-ST-ZIP ALPHARETTA, GA 30022 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME ROSWELL BOWERS STREET ADDRESS 5210 BELFORT ROAD, SUITE 100 CITY-ST-ZIP JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> NAME ASHLEY, DAVID R STREET ADDRESS 5020 YACHT CLUB ROAD CITY-ST-ZIP JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME GURF, STUART STREET ADDRESS 5167 RIVERHILL ROAD 5210 BELFORT ROAD, STE 100 CITY-ST-ZIP MARIETTA, GA 30088 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>William G. Slagle</i>		DATE 1/26/2006 DAYTIME PHONE 904-332-6610	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	