

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-19-2005 90393 029 ***150.00

DOCUMENT # P04000120654	
1. Entity Name NATIONS FAST TAX I, INC.	



Principal Place of Business 2701 N BOCA RATON BLVD SUITE 211 BOCA RATON, FL 33431 US	Mailing Address 2701 N BOCA RATON BLVD SUITE 211 BOCA RATON, FL 33431 US
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66017140



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <u>212</u>		Suite, Apt. #, etc. <u>212</u>	
City & State		City & State	
Zip	Country	Zip	Country

03262005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1502540 Applied For
Not Applicable

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	
GROSS, RICHARD J. 2701 N BOCA RATON BLVD SUITE 211 BOCA RATON, FL 33431		Name <u>GOULDON, JASON</u> Street Address (P.O. Box Number is Not Acceptable) <u>2701 NW BOCA RATON BLVD</u> <u>STE 212</u> City <u>BOCA RATON</u> FL Zip Code <u>33431</u>	

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 fee 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 11	
TITLE	P ☐ Delete	TITLE	<u>N/A</u> ☒ Change ☐ Addition
NAME	CARUSO, MICHAEL	NAME	CARUSO, MICHAEL
STREET ADDRESS	2701 N BOCA RATON BLVD, #211	STREET ADDRESS	2701 NW BOCA RATON BLVD #212
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	GROSS, RICHARD J	NAME	
STREET ADDRESS	2701 N BOCA RATON BLVD, #211	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	<u>DIRECTOR</u> ☐ Change ☒ Addition
NAME		NAME	<u>JEFF EAKIN</u>
STREET ADDRESS		STREET ADDRESS	<u>2701 NW 2ND AVE #212</u>
CITY-ST-ZIP		CITY-ST-ZIP	<u>BOCA RATON, FL 33431</u>
TITLE	☐ Delete	TITLE	<u>PRESIDENT</u> ☐ Change ☒ Addition
NAME		NAME	<u>JASON GOULDON</u>
STREET ADDRESS		STREET ADDRESS	<u>2701 NW 2ND AVE #212</u>
CITY-ST-ZIP		CITY-ST-ZIP	<u>BOCA RATON, FL 33431</u>
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MES.

4-15-05

561 347 2376

Date

Daytime Phone #

president

3/10/05 (954) 234-9624