


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000078598  
 1. Entity Name  
 NAY SISOMBATH, INC.



Principal Place of Business      Mailing Address  
 10769-10 BEACH BLVD.      P.O. BOX 16952  
 JACKSONVILLE, FL 32246      JACKSONVILLE, FL 32245-6952

**DO NOT WRITE IN THIS SPACE**



04112005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3532128      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SISOMBATH, NAY  
 4090 NODGES BLVD. APT. 802  
 JACKSONVILLE, FL 32224

**DO NOT WRITE IN THIS SPACE**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST SISOMBETH, NAY 4090 HODGES BLVD., APT. 802 JACKSONVILLE, FL 32224
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 04/16/05-80028-015 150.00

**DO NOT WRITE IN THIS SPACE**

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: Nay Sisombath      4/16/05      904-641-8384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #