2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2004 8:00 am Secretary of State **DOCUMENT # 140038** 1. Entity Name 01-26-2004 90002 030 ***150.00 NASSAU FERTILIZER & OIL COMPANY INC Principal Place of Business Mailing Address 1200 POGY PLACE 1200 POGY PLACE 54000425 P.O. BOX 767 P.O. BOX 767 FERNANDINA BEACH FL 32035-0767 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address 325 Pagy Place P.O. BOX 767 Suite, Apt. #, etc. P.O. BOY 767 MOORE CR2E034 (11/03) CONANCINA City & State Applied For 4. FEI Number 59-0372710 erwandina FIA 32035-0767 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired NASSAU 32035-0767 Nassau 32035 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORBETT, JAMES S Street Address (P.O. Box Number is Not Acceptable) 1803 HIGHLAND DR. FERNANDINA BCH. FL 32034 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. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition CORBETT, JAMES S NAME NAME 1803 HIGHLAND DR STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL CITY-ST-ZIP CITY-ST-7IP ST TITLE Delete TITLE ☐ Change ☐ Addition CORBETT, THOMAS T NAME NAME 2847 E. PARK SQUARE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition CORBETT: EXTEEN --NAME NAME STREET ADDRESS 106 N. 15TH STREET STREET ADDRESS CITY-ST-ZIP FERDINANDA BEACH FL CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition CORBETT, JAMES S. NAME NAME 1803 HIGHLAND DR STREET ADDRESS STREET-ADDRESS FERNANDINA BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition GUESS, THOMAS C NAME ... NAME 275 MOUNTAIN LAUREL CT STREET ADDRESS STREET ADDRESS LEXINGTON SC 29072 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: JAMES S. ORBEH James S. Conletto 1-21-04 904-261-3886

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Daylime Prome #

changed, or on an attachment with an address, with all other like empowered.

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