

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90013 048 ***150.00

DOCUMENT # 140038

1. Entity Name

NASSAU FERTILIZER & OIL COMPANY INC



Principal Place of Business

325 POGY PLACE
P.O. BOX 767
FERNANDINA BEACH FL 32035-0767
US

Mailing Address

P.O. BOX 767
FERNANDINA BEACH FL 32035-0767



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-0372710

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

CORBETT, JAMES S
1803 HIGHLAND DR.
FERNANDINA BCH. FL 32034

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, 2006 Fee Will Be \$550.00.
Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME CORBETT, JAMES S
STREET ADDRESS 1803 HIGHLAND DR
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ST ☐ Delete
NAME CORBETT, THOMAS T
STREET ADDRESS 2847 E. PARK SQUARE PLACE
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE D ☒ Delete
NAME CORBETT, EXTEEN
STREET ADDRESS 106 N. 15TH STREET
CITY-ST-ZIP FERDINANDA BEACH FL deceased

TITLE VD ☐ Delete
NAME CORBETT, JAMES S.
STREET ADDRESS 1803 HIGHLAND DR
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE VP ☐ Delete
NAME GUESS, THOMAS C
STREET ADDRESS 275 MOUNTAIN LAUREL CT
CITY-ST-ZIP LEXINGTON SC 29072

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James S. Corbett

James S. Corbett

1-17-06 (904-261-3886)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #