


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 224408 1. Entity Name NAZDAR, INC.	
---	---

Principal Place of Business C/O PATRICIA C. STEVENS 1199 THIRD STREET SOUTH NAPLES, FL 34102 US	Mailing Address C/O PATRICIA C. STEVENS 1199 THIRD STREET SOUTH NAPLES, FL 34102 US
---	---



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2414382	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEVENS, PATRICIA C 1199 THIRD STREET SOUTH NAPLES, FL 34102
--

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, PATRICIA 1199 THIRD STREET SOUTH NAPLES, FL 341027056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHLUMSKY, KATHERINE K.. 1199 THIRD ST. SOUTH NAPLES, FL 341027056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHLUMSKY, DALE E 1199 THIRD STREET SOUTH NAPLES, FL 341027056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000601631
01/26/07-80057-014 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Patricia C. Stevens 1/15/07 (239) 262-4459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #