


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # 392552 1. Entity Name NALACO, INC.	
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Principal Place of Business 20 OCEAN WAY P.O. BOX 1389 ST AUGUSTINE, FL 32084-4604	Mailing Address 20 OCEAN WAY P.O. BOX 1389 ST AUGUSTINE, FL 32084-4604
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02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1575286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELORENZO (ARNOLD R) 20 OCEAN WAY SAINT AUGUSTINE, FL 32080
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000065033 02/25/04-80020-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DELORENZO, DAVID A. 2785 LADBROOK WAY WESTLAKE VILLAGE, CA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DELORENZO, ARNOLD R 20 OCEAN WAY ST AUGUSTINE, FL 00000,
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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: <i>Arnold R. Delorenzo</i> 2/23/04 (904) 824-4500 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
