2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453575

Entity Name: NASH, INC.

FILED Mar 24, 2009 Secretary of State

3494 N HWY 301 3494 N U S HWY 301 COLEMAN, FL 33521 COLEMAN, FL 33521

Current Mailing Address: New Mailing Address:

P O BOX 98 COLEMAN, FL 33521

FEI Number: 59-1584701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NASH, JAMES C 15351 SE 47 AVE SUMMERFIELD, FL 34491 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 NASH, JAMES C
 Name:
 NASH, JAMES C

 Address:
 15440 SE 36TH AVENUE
 Address:
 15351 S E 47TH AVE

Address: 15440 SE 36TH AVENUE Address: 15351 S E 47TH AVE
City-St-Zip: SUMMERFIELD, FL City-St-Zip: SUMMERFIELD, FL 34491 US

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 NASH, SUSAN E
 Name:
 NASH, SUSAN E

 Address:
 15440 SE 36TH AVE
 Address:
 15351 S E 47TH AVE

 City-St-Zip:
 SUMMERFIELD, FL
 City-St-Zip:
 SUMMERFIELD, FL 34491 US

Title: V () Delete Title: V (X) Change () Addition

 Name:
 MEARS III, DAVID J.
 Name:
 MEARS III, DAVID J.

 Address:
 3100 E. COUNTY HWY 316
 Address:
 3100 E. COUNTY HWY 316

City-St-Zip: CITRA, F City-St-Zip: CITRA, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C NASH PD 03/24/2009