

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90001 039 ***150.00

DOCUMENT # 523085

1. Entity Name
NANCO, INC.



Principal Place of Business
3471 MAIN HWY #622
MIAMI, FL 33133

Mailing Address
3471 MAIN HWY #622
MIAMI, FL 33133

40029813



2. Principal Place of Business - No P.O. Box #
11191 SW 60 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
11191 SW 60 AVENUE
Suite, Apt. #, etc.

01262007 Chg-P CR2E034 (12/06)

City & State
PINECREST, FL
Zip
33156 Country
USA

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PINECREST, FL
Zip
33156 Country
USA

4. FEI Number
39-1262837 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SOMAN, WILLIAM D P.A.
3471 MAIN HWY #622
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
WILLIAM D. SOMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
11191 SW 60 AVENUE
City
PINECREST FL Zip Code
33156

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 *William D. Soman* **WILLIAM D. SOMAN**
PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

03-01-07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOMAN, JEAN P 3471 MAIN HWY # 622 MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOMAN, WILLIAM D 3471 MAIN HWY # 622 MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCOTT, SUSAN P. 10624 NW HWY, 225-A OCALA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOMAN, JEAN P. 11191 SW 60 AVENUE PINECREST, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOMAN, WILLIAM D. 11191 SW 60 AVENUE PINECREST, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JEAN P. SOMAN* **JEAN P. SOMAN**
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-07 (786) 268-1254
Date Daytime Phone #