


**2007 FOR PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 526774 1. Entity Name NATIONAL SUPPLY INC.	
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Principal Place of Business 18721 S W 104 AVE MIAMI, FL 33157 US	Mailing Address 18721 S W 104 AVE MIAMI, FL 33157 US
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01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1725673	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WEITZMAN, JACK L P A 10661 N. KENDALL DR. STE 204 MIAMI, FL 33176
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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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	PSTD MILLARD, WARNE R., III 18721 S.W. 104 AVE. MIAMI, FL
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03/14/07-80058-008 163.75

**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: W.R. Millard President x 2/20/07 305-238-1592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #