


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 627129 1. Entity Name NASSAU PARTS & SUPPLY, INC.		
Principal Place of Business 5332 WEST STATE ROAD 200 CALLAHAN, FL 32011	Mailing Address P.O. BOX 87 CALLAHAN, FL 32011	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COOK, W.K. 615919 RIVER RD. CALLAHAN, FL 32011		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>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 COOK, W.K. 615919 RIVER RD CALLAHAN, FL 32011	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLEMAN, J.M. HODGES ROAD CALLAHAN, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COOK, ROBERT P 51 ST. MARGARET RD LAKE CITY, FL 32025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>W.K. Cook</u> <u>W.K. COOK</u> <u>1/5/06</u> <u>904-879-3702</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1921405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

U00000373074
01/10/06-80007-005 150.00

**DO NOT WRITE
IN THIS SPACE**