

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000005970

1. Entity Name

NORTH AMERICAN EQUITY INVESTORS, INC.



Principal Place of Business

1245 BRIDGESTONE BLVD.
LAVERGNE TN 37086
US

Mailing Address

1245 BRIDGESTONE BLVD.
LAVERGNE TN 37086
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

47-0773534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARTNER, W.A.
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and this filing.

(NOTE: Registered Agent signature required when combining.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME THOMPSON, DEWITT C V
STREET ADDRESS 1245 BRIDGESTONE BLVD
CITY-STATE-ZIP LAVERGNE TN 37086

TITLE ☐ Change ☐ Addition
NAME 000000929097
STREET ADDRESS 05/21/08-80055-011 150.00
CITY-STATE-ZIP

TITLE SD ☐ Delete
NAME EZZELL, JAMES B
STREET ADDRESS 1245 BRIDGESTONE BLVD.
CITY-STATE-ZIP LAVERGNE TN 37086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE CD ☐ Delete
NAME THOMPSON, DEWITT C V
STREET ADDRESS 1245 BRIDGESTONE BLVD.
CITY-STATE-ZIP LAVERGNE TN 37086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jennifer L. Harris *As Manager* 4/21/08 615-251-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR