


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90229 017 ***150.00

DOCUMENT # G95484	
1. Entity Name THE NASSAL COMPANY	

Principal Place of Business 415 W KALEY ST ORLANDO, FL 32806 US	Mailing Address 415 W KALEY STREET ORLANDO, FL 32806 US
---	---

DO NOT WRITE IN THIS SPACE

	
03282007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-2426138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NASSAL, WILLIAM A MR
 126 HAMPDEN PL
 WINTER PARK, FL 32789**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	CD NASSAL, WILLIAM A 126 HAMPDEN PLACE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NASSAL, WILLIAM P 1631 HILLCREST AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER, DENNIS S 4555 VILLAGE WOOD DR. ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, MATTHEW S 1236 PINE HARBOR PT. CIR. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.A.M. _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____