2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # H63981

1. Entity Name

NETTLES SAUSAGE, INC.

Principal Place of Business	Mailing Address
HWY 240 LAKE CITY FL 32025 US	190 SW CNTY RD 240 LAKE CITY FL 32025 US

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		4. FEI Number 59-2859675 — Applied For / Not Applicable
Zip / Country	Zip / Country		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
NETTLES, WILLIAM J 190 SW CNTY RD 240 LAKE CITY FL 32025	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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

· **FILE NOW!!! FEE IS $150.00**
After May 1, 2005 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	TITLE		☐ Change ☐ Addition
NAME	NETTLES, WILLIAM J		NAME	1000000244325	
STREET ADDRESS	190 SW CNTY RD 240		STREET ADDRESS	02/26/05 -80016-009 150.00	
CITY-ST-ZIP	LAKE CITY FL 32025		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NETTLES, BRUCE		NAME		
STREET ADDRESS	RT 3, BOX 121		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32025		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NETTLES, JERRY		NAME		
STREET ADDRESS	RT. 3 BOX 150		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32025		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2-23-05   386-752-2510
  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #