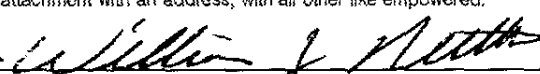


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # H63981 1. Entity Name NETTLES SAUSAGE, INC.			
Principal Place of Business HWY 240 LAKE CITY FL 32025 US		Mailing Address 190 SW CNTY RD 240 LAKE CITY FL 32025 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
4. FEI Number 59-2859675		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NETTLES, WILLIAM J 190 SW CNTY RD 240 LAKE CITY FL 32025		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 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 NAME STREET ADDRESS CITY ST ZIP	PD NETTLES, WILLIAM J 190 SW CNTY RD 240 LAKE CITY FL 32025	☐ Delete	☐ Change ☐ Addition U000000604052 01/23/07-80037-021 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	VP NETTLES, BRUCE RT 3, BOX 121 LAKE CITY FL 32025	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ST NETTLES, JERRY RT. 3 BOX 150 LAKE CITY FL 32025	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
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: x 		1-22-07 386-752-2510	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E034 (10/06)