


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K69461			
1. Entity Name NSA POLYMERS, INC.		Principal Place of Business C/O CHARLES EVANS 4260 E. RAINES RD. MEMPHIS TN 38118 US	
2. Principal Place of Business		3. Mailing Address C/O CHARLES EVANS 4260 E RAINES RD MEMPHIS TN 38118 US	
Suite, Apt. #, etc.		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATTION FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
Signature typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAY	NAME	
STREET ADDRESS	4260 E. RAINES RD.	STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTEET, GEORGE	NAME	
STREET ADDRESS	4260 E. RAINES RD.	STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, CHARLES R.	NAME	
STREET ADDRESS	4260 E. RAINES RD.	STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38118	CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURK, STAN	NAME	
STREET ADDRESS	4260 E. RAINES RD.	STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38118	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



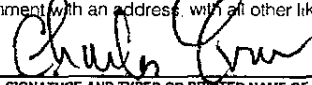
MOORE CR2E034 (11/03)

4. FEI Number **62-1387101** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

UN00000082567  
 03/09/04-80037-015 150.00

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:  Charles Evans Date: 2-23-2004 Daytime Phone #: 901-366-9288