

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K69461**

1. Entity Name  
NSA POLYMERS, INC.



Principal Place of Business

C/O CHARLES EVANS  
140 CRESCENT DR  
COLLIERVILLE, TN 38017 US

Mailing Address

C/O CHARLES EVANS  
140 CRESCENT DR  
COLLIERVILLE, TN 38017 US



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
62-1387101

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATTION, FL 33324

**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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, JAY
STREET ADDRESS	140 CRESCENT DR
CITY-ST-ZIP	COLLIERVILLE, TN 38017
TITLE	D
NAME	POTEET, GEORGE
STREET ADDRESS	140 CRESCENT DR
CITY-ST-ZIP	COLLIERVILLE, TN 38017
TITLE	PD
NAME	EVANS, CHARLES R.
STREET ADDRESS	140 CRESCENT DR
CITY-ST-ZIP	COLLIERVILLE, TN 38017
TITLE	TS
NAME	TURK, STAN
STREET ADDRESS	140 CRESCENT DR
CITY-ST-ZIP	COLLIERVILLE, TN 38017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/07-80062-025 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES EVANS

1-22-07

Date

901-850-2870

Daytime Phone #