

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40924

Entity Name: NANSUCO, INC.

FILED  
Mar 12, 2004  
Secretary of State

## Current Principal Place of Business:

1013 SE 12TH AVE  
SUITE 3  
CAPE CORAL, FL 33990 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 150790  
202  
CAPE CORAL, FL 339150790 US

## New Mailing Address:

FEI Number: 65-0169894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHAPIRO, SAMUEL  
1820 SE 36 TERRACE  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHAPIRO, SAMUEL,  
Address: 1820 SE 36 TERRACE  
City-St-Zip: CAPE CORAL, FL

Title: D ( ) Delete  
Name: SHAPIRO, MAE,  
Address: 1820 SE 36 TERRACE  
City-St-Zip: CAPE CORAL, FL

Title: D ( ) Delete  
Name: PALUMBO, NANNETTE,  
Address: 3628 SW 18TH AVE.  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL SHAPIRO

D

03/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date