


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004488 1. Entity Name NASSAU BLUE INC.	
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Principal Place of Business 5051 FREEPORT DR. SPRING HILL, FL 34606	Mailing Address 5051 FREEPORT DR. SPRING HILL, FL 34606
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3205616	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCABE, FRANCIS 5051 FREEPORT DR. SPRING HILL, FL 34606

**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 re-instating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCABE, FRANCIS 5051 FREEPORT DR. SPRINGHILL, FL 346061419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUCHAN, RICHARD J 1309 ALTOONA AVE. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRELLA, JOSEPH 5242 GOLD DUST DR BROOKSVILLE, FL 34609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/05-80033-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:  **Richard J. BUCHAN** **2-8-05** **352-688-1610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #