

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004488

FILED
Jan 07, 2009
Secretary of State

Entity Name: NASSAU BLUE INC.

Current Principal Place of Business:

5051 FREEPORT DR.
SPRING HILL, FL 34606

New Principal Place of Business:**Current Mailing Address:**

5051 FREEPORT DR.
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 59-3205616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, FRANCIS
5051 FREEPORT DR.
SPRING HILL, FL 34606 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCABE, FRANCIS
Address: 5051 FREEPORT DR.
City-St-Zip: SPRINGHILL, FL 346061419

Title: TD () Delete
Name: BUCHAN, RICHARD J
Address: 1309 ALTOONA AVE.
City-St-Zip: SPRING HILL, FL 34609

Title: VPD () Delete
Name: GRELLA, JOSEPH
Address: 5242 GOLD DUST DR
City-St-Zip: BROOKSVILLE, FL 34609

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS MCCABE

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date