2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000024704

1. Entity Name
JOHN NAGY CORPORATION

Principal Place of Business	Mailing Address
2600 S. UNIVERSITY DR. #212	2600 S. UNIVERSITY DR. #212
DAVIE, FL 33328	DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

04222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0997798	Not Applicable

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

6. Name and Address of Current Registered Agent

NAGY, IOAN
1112 WESTON RD #252
WESTON, FL 33326

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
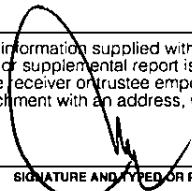
FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000921920
05/15/08-80027-001 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	IOAN, NAGY	
STREET ADDRESS	1112 WESTON RD 252	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: x _____ IOAN NAGY   04/22/08   954-709-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #