


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90005 002 \*\*\*150.00

<b>DOCUMENT # P00000030203</b> 1. Entity Name <b>NANDALL SERVICES, INC.</b>			
Principal Place of Business <b>6884 125TH TERRACE NORTH LARGO, FL 33773</b>		Mailing Address <b>6884 125TH TERRACE NORTH LARGO, FL 33773</b>	
2. Principal Place of Business <b>7941 SOMERSET DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>7941 SOMERSET DRIVE</b> Suite, Apt. #, etc.	
City & State <b>LARGO, FLORIDA</b> Zip <b>33773</b> Country <b>USA</b>		City & State <b>LARGO, FLORIDA</b> Zip <b>33773</b> Country <b>USA</b>	
4. FEI Number <b>59-3634390</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, NANCY J- 6884 125TH TERRACE NORTH LARGO, FL 33773</b>		7. Name and Address of New Registered Agent Name <b>WRIGHT, NANCY J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7941 SOMERSET DRIVE</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33773</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WRIGHT, NANCY J 6884 125TH TERRACE NORTH LARGO, FL 33773</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WRIGHT, NANCY J. 7941 SOMERSET DRIVE LARGO, FL 33773</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.			
<b>SIGNATURE:</b> <u>Nancy Wright</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/10/04</b>	Daytime Phone # <b>727-535-0161</b>

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