


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-06-2004 90183 036 \*\*\*150.00

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 26 PM 1:11

<b>DOCUMENT</b> P000-00-11-6-35			
1. Entity Name <b>NASCO REALTY SERVICES, INC</b>			
Principal Place of Business <b>12358 U.S. HWY 19 N HUDSON, FL. 34667</b>		Mailing Address <b>12358 U.S. HWY 19 N HUDSON, FL. 34667</b>	
2. Principal Place of Business <b>12358 U.S. HWY 19 N</b>		3. Mailing Address <b>12358 U.S. HWY 19 N</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>HUDSON, FL.</b>		City & State <b>HUDSON, FL.</b>	
Zip <b>34667</b>	Country <b>PASCO</b>	Zip <b>34667</b>	Country <b>USA</b>
4. FEI Number <b>59-3011924</b>		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		7. Name and Address of New Registered Agent	
		Name <b>NICHOLAS A. SFONGGATAKIS</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>12358 U.S. HWY 19 N</b>	
		City <b>HUDSON</b>	
		FL	
		Zip Code <b>34667</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 <i>Nicholas A. Sfonggatakis</i>		Date <b>4/16/2004</b>	
Signature, typed or printed name of registered agent and title (if acceptable)		(NOTE: Registered Agent signature required when reappointing)	
* <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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRES/SEC</b>	<input type="checkbox"/> Delete	TITLE <b>PRES/SEC</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NICHOLAS A. SFONGGATAKIS</b>		NAME <b>NICHOLAS A. SFONGGATAKIS</b>	
STREET ADDRESS <b>12358 U.S. HWY 19 N</b>		STREET ADDRESS <b>12358 U.S. HWY 19 N</b>	
CITY-ST-ZIP <b>HUDSON, FL. 34667</b>		CITY-ST-ZIP <b>HUDSON, FL. 34667</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
SIGNATURE: <i>Nicholas A. Sfonggatakis</i>		Date: <b>4/16/2004</b> (727) 421-7578	
Signature and typed or printed name of officer or director		Date	

NICHOLAS A. SFONGGATAKIS

5/26 AD