2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# P01000009034

Entity Name: NANCY & COMPANY, INC.

Current Principal Place of Business:

5401 S. CRESCENT DR.
TAMPA, FL 33611

New Principal Place of Business:

6018 BEACON SHORE STREET
TAMPA, FL 33616

Current Mailing Address:

5401 S. CRESCENT DR.
TAMPA, FL 33611

New Mailing Address:

6018 BEACON SHORE STREET
TAMPA, FL 33616

FEI Number: 59-3701579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, NANCY
5401 S. CRESCENT DR.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

CAMPBELL, NANCY
6018 BEACON SHORE STREET
TAMPA, FL 33616 US

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: _____ 04/02/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CAMPBELL, NANCY
Address: 5401 S. CRESCENT DR.
City-St-Zip: TAMPA, FL 33611

Title: DST (X) Delete
Name: CAMPBELL, NANCY
Address: 5401 S CRESCENT DR
City-St-Zip: TAMPA, FL 33611

Title: VP (X) Delete
Name: RAY, AMBROZY
Address: 4895 ESPLANADE ST
City-St-Zip: BONITA SPRINGS, FL 341343920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CAMPBELL, NANCY
Address: 6018 BEACON SHORE STREET
City-St-Zip: TAMPA, FL 33616 US

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

SIGNATURE: NANCY CAMPBELL PRES 04/02/2007
Electronic Signature of Signing Officer or Director — Date