

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000066518

1. Entity Name
NATIONS FAST TAX, INC.



Principal Place of Business
1108 E NEWPORT CTR DR
DEERFIELD BEACH, FL 33442

Mailing Address
1108 E NEWPORT CTR DR
DEERFIELD BEACH, FL 33442



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1118660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARUSO, MICHAEL A
1108 E NEWPORT CTR DR
DEERFIELD BEACH, FL 33442

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1108E0340
02/16/04-20095-001 153.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARUSO, MICHAEL
STREET ADDRESS	1108 E NEWPORT CTR DR
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

TITLE	D
NAME	GROSS, RICHARD
STREET ADDRESS	1108 E NEWPORT CTR
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

TITLE	D
NAME	SMITH, ANDREW
STREET ADDRESS	1108 E NEWPORT CTR DR
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

TITLE	D
NAME	MENNELLA, FRANK
STREET ADDRESS	1108 E NEWPORT CTR DR
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

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 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 life empowered.

SIGNATURE:

FRANK MENNELLA, DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/04 954-596-4880