


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000112658</b>	
1. Entity Name <b>NANC BUILDERS, INC.</b>	

Principal Place of Business <b>1544 E. HARMONY LAKES CIRCLE DAVIE, FL 33324</b>	Mailing Address <b>1544 E. HARMONY LAKES CIRCLE DAVIE, FL 33324</b>
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02032004    No Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-1155239</b>	Applied For 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>NYSTOM, JEAN 1544 E. HARMONY LAKES CIRCLE DAVIE, FL 33324</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP NYSTROM, EDWARD SR. 1544 E. HARMONY LAKES CIRCLE DAVIE, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST NYSTROM, JEAN 1544 E. HARMONY LAKES CIRCLE DAVIE, FL 33324</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(f), 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:** *Jan Nystrom*    2/4/04    954-424-0082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Days/mo Phone #