2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 27, 2007 08:00 A Secretary of State DOCUMENT # P02000089230 **NESSMUK'S TRADING POST, INC.** Principal Place of Business Mailing Address 9335 E FOWLER AVE 9335 E FOWLER AVE THONOTOSASSA, FL 33592 THONOTOSASSA, FL 33592 03192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0574326 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FAULK, BRIAN J DO NOT WRITE 9335 E FOWLER AVE THONOTOSASSA, FL 33592 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FAULK, BRIAN J STREET ADDRESS 4335 E FOWLER AVE U00000736913 05/11/07-80007-002 150.00 CITY-ST-ZIP THONOTOSASSA, FL 33592 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 chapter to an attachment with a address with Block 10 or Block 11 if

- 4/20/07 President

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP