2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105916

2751 JEAN LAFITTE DR

AMELIA ISLAND, FL 32034

Address: City-St-Zip:

Entity Name: NASSAU BUSINESS FUNDING & SERVICES. INC

FILED May 19, 2008 Secretary of State

y		(VIOLO, IIVO.
Current P	rincipal Place of Business:	New Principal Place of Business:
	N LAFITTE DR DINA BEACH, FL 32034	2751 JEAN LAFITTE DR SUITE 334 FERNANDINA BEACH, FL 32034
Current M	lailing Address:	New Mailing Address:
	N LAFITTE DR DINA BEACH, FL 32034	2751 JEAN LAFITTE DR SUITE 334 FERNANDINA BEACH, FL 32034
FEI Number:	: 03-0483717 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:
2751 JEAN	, ROBERT F N LAFITTE DR DINA BEACH, FL 32034 US	REISNER, ROBERT F 2751 JEAN LAFITTE DR SUITE 334 FERNANDINA BEACH, FL 32034 US
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	05/19/2008
	Electronic Signature of Registered Ag	pent Date
	ice with s. 607.193(2)(b), F.S., the corporation did n mpaign Financing Trust Fund Contribution ().	oot receive the prior notice.
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	CEO () Delete REISNER, ROBERT F 2751 JEAN LAFITTE DR FERNANDINA BEACH, FL 32034	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	CFO () Delete REISNER, ROBERT F 2751 JEAN LAFITTE DR AMELIA ISLAND, FL 32034	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name:	SEC () Delete REISNER, ROBERT F	Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT F REISNER CEO 05/19/2008