

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

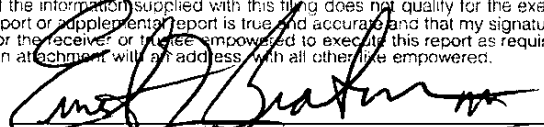
FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90019 043 ***150.00

DOCUMENT # P03000011163			
1. Entity Name NASSAU HEALTH FOODS INC.			
Principal Place of Business 16949 ELSINORE DRIVE JACKSONVILLE FL 32226		Mailing Address 16949 ELSINORE DRIVE JACKSONVILLE FL 32226	
2. Principal Place of Business - No P.O. Box # 833 T J COURSON RD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FERNANDINA BEACH FL		City & State	
Zip 32034	Country	Zip	Country
6. Name and Address of Current Registered Agent BEATON, ERNEST III 16949 ELSINORE DRIVE JACKSONVILLE FL 32226		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 1605 BROOME ST City: FERNANDINA BEACH FL Zip Code: 32034	
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when transferring.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATON, ERNEST 16949 ELSINORE DRIVE JACKSONVILLE FL 32226 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1605 BROOME ST FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATON, JUDITH 16949 ELSINORE DRIVE JACKSONVILLE FL 32226 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1605 BROOME ST FERNANDINA BEACH FL 32034
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address with all other line empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08 **904-2773158**
Date Daytime Phone