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	Mailing Address
16949 ELSINORE DRIVE JACKSONVILLE FL 32226	16949 ELSINORE DRIVE JACKSONVILLE FL 32226

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
833 T J COURSON RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FERNANDINA BEACH FL		City & State	
Zip: 32034	Country	Zip	Country

4. FEI Number: 33-1042752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEATON, ERNEST III 16949 ELSINORE DRIVE JACKSONVILLE FL 32226	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BEATON, ERNEST		NAME		
STREET ADDRESS	16949 ELSINORE DRIVE		STREET ADDRESS	1605 BROOME ST	
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BEATON, JUDITH		NAME		
STREET ADDRESS	16949 ELSINORE DRIVE		STREET ADDRESS	1605 BROOME ST	
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 like empowered.

SIGNATURE: Ernest J Beaton III 2/14/08 904-2773158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #