


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000035621 1. Entity Name NAC SERVICES, INC.	
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Principal Place of Business 1325 S. CONGRESS AVE., STE.202F BOYNTON BEACH, FL 33426	Mailing Address 1325 S. CONGRESS AVE., STE.202F BOYNTON BEACH, FL 33426
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**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1057315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH ST.  
FT. LAUDERDALE, FL 33311

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000754130 05/22/07-80050-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RICHARDS, GEORGE 1325 S. CONGRESS AVE., STE.202F BOYNTON BEACH, FL 33426
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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **George Richards** **4/30/07** **561-364-7004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #