

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 24, 2004 8:00 am
Secretary of State

05-03-2004 90781 024 ***150.00

DOCUMENT # P03000063462 1. Entity Name NAC INVESTMENT GROUP, INC.					
Principal Place of Business 1444 E. FLETCHER AVE. TAMPA, FL 33612			Mailing Address 1444 E. FLETCHER AVE. TAMPA, FL 33612		
2. Principal Place of Business Suite, Apt. #, etc.:			3. Mailing Address Suite, Apt. #, etc.:		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 80-0104425	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CHAUDHRY, OMAR 1444 E. FLETCHER AVE. TAMPA, FL 33612				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	P CHAUDHRY, OMAR 1444 E. FLETCHER AVE. TAMPA, FL 33612		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHAUDHRY, IQBAL 1444 E. FLETCHER AVE. TAMPA, FL 33612		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHAUDHRY, USMAN 1444 E. FLETCHER AVE. TAMPA, FL 33612		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			Date 4/25/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66428951



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