

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90004 005 ***150.00

DOCUMENT # P03000093221					
1. Entity Name NSR - JAX INC.					
Principal Place of Business 2206 B 1ST AVE. FERNANDINA BEACH, FL 32034			Mailing Address 2206 B 1ST AVE. FERNANDINA BEACH, FL 32034		
2. Principal Place of Business 1517 LAKE PARK DR.		3. Mailing Address 1517 LAKE PARK DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FERNANDINA BEACH, FL		City & State FERNANDINA BEACH, FL		4. FEI Number	
Zip 32034		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEAMAN, DAVID T. 2206 B 1ST AVE. FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) 1517 LAKE PARK DR City: <u>Fernandina Beach</u> FL <u>32034</u>		
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: <u>David T. Seaman</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>7-6-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>David T. Seaman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7-6-04</u>		Daytime Phone #: <u>206-1119</u>