

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90128 022 \*\*\*150.00

**DOCUMENT # P03000110359**

1. Entity Name

NATHAN, INC.



Principal Place of Business

201 MEHLENBACHER RD  
BELLEAIR BLUFFS FL 33770

Mailing Address

P.O. BOX 5677  
CLEARWATER FL 33758-5677



2. Principal Place of Business

3. Mailing Address

777 BLUFF VIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

BELLEAIR BLUFFS, FL

City & State

BELLEAIR BLUFFS, FL

Zip  
33770

Country  
USA

Zip

Country

4. FEI Number

20-1222085

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

DAVID, JAMES C  
201 MEHLENBACHER RD  
BELLEAIR BLUFFS FL 33770

Name DAVID, JAMES C

Street Address (P.O. Box Numbers Not Acceptable)

777 BLUFF VIEW DR

BELLEAIR BLUFFS, FL

City BELLEAIR BLUFFS

FL

Zip 33770

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)

2/21/06

DATE

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2006 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  
NAME DAVID, JAMES C  
STREET ADDRESS 201 MEHLENBACHER RD  
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE D  
NAME DAVID, JAMES C  
STREET ADDRESS 777 BLUFF VIEW DR  
CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 7873850717

DATE

Daytime Phone #