

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143083

Entity Name: NASSAU BUILDERS, INC.

FILED  
Mar 18, 2005  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 6102  
FERNANDINA BEACH, FL 32035

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 6102  
FERNANDINA BEACH, FL 32035

## New Mailing Address:

FEI Number: 55-0854916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, ALBERT D  
490 CROSSWINDS DR  
FERNANDINA BEACH, FL 32034 US

## Name and Address of New Registered Agent:

SMITH, ALBERT D  
85044 SAG HARBOR COURT  
FERNANDINA BEACH, FL 32034 US

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.

SIGNATURE:

03/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, ALBERT D  
Address: 490 CROSSWINDS DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD ( ) Delete  
Name: SMITH, VIRGINIA LUAN, NE  
Address: 490 CROSSWINDS DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SMITH, ALBERT D  
Address: 85044 SAG HARBOR CT.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD (X) Change ( ) Addition  
Name: SMITH, VIRGINIA LUAN, NE  
Address: 85044 SAG HARBOR CT.  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT D. SMITH

PD

03/18/2005

Electronic Signature of Signing Officer or Director

Date