


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000060036 1. Entity Name NASSAU TOOL MANUFACTURING COMPANY, INC.			
Principal Place of Business 2400 JACQUELINE CIRCLE MOULTRIE, GA 31768		Mailing Address 2400 JACQUELINE CIRCLE MOULTRIE, GA 31768	
2. Principal Place of Business 278 Dickinson Road Suite, Apt. #, etc.		3. Mailing Address 278 Dickinson Road Suite, Apt. #, etc.	
City & State Moultrie, GA		City & State Moultrie, GA	
Zip 31768		Zip 31768	
Country		Country	
4. FEI Number 33-1086211		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERMANO, ROSS ESQ 501 CENTRE STREET, STE 121 FERNANDINA BEACH, FL 32034		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 reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP PCEO NEWTON, JAMES R JR 278 DICKINSON ROAD MOULTRIE, GA 31768 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY- ST- ZIP VCFO James R. Newton, Sr. 278 Dickinson Road Moultrie, GA 31768 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800054224338 05/10/05--01079--017 **\$1.25 <input type="checkbox"/> Change <input 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: James R. Newton Jr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-7-05 229-985-6350 Date Daytime Phone #	

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