2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) ...

Apr 22, 2008 8:00 am Secretary of State **DOCUMENT # P04000126626** 04-22-2008 90015 003 ***158.75 1. Ectity Name ROBERT NASH JR. INC. Principal Place of Business Mailing Address 1587 NE 808 STREET OLD TOWN FL 32680 P.O. BOX 696 OLD TOWN FL 32680 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 20-1649047 Not Applicable Country \$8.75 Additional ZπD Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NASH, ROBERT E PRES. Street Address (P.O. Box Number is Not Acceptable) 1587 NE 808 STREET OLD TOWN FL 32680 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or noth, in the State of Florida. I am familiar with, and accept the obtigations of registered agent. SIGNATURE Supplies, typod or prince Leave of registrical report unit time 1 supplicable. (NOTE Becomered Applit sensitive retruspe) when reportation 9. Election Campaign Financing Trust Fund Contribution. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Detete ព្រារ ☐ Change ☐ Addition NASH, ROBERT E N-ME क दुनुश्याः 1587 NE 808 STREET STREET ADDRESS STREET ADDRESS 211Y-51-78P OLD TOWN FL 32680 CITY-ST-2P VST ☐ Delete DIE IIILE Change ☐ Addition NASH, BEVERLY SEC. NUME TUAJAE STREET ADDRESS 1587 NE 808 STREET STREET ADDRESS CITY-ST-ZIP OLD TOWN FL 32680 CITY-ST-3P ☐ Defete TITLE ☐ Addition ITTLE HALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TIFLE ☐ Change ☐ Addition TID: F ☐ Delete HARE NAME STREET ADDRESS STREET ADORESS CITY-51-21P CITY-ST-ZIP MILE Oeletz TITLE Change □ Addition NAME HALF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiate me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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:

FILED