

19

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

5

Jun 19, 2006 8:00 am
Secretary of State

05-02-2006 90420 005 ***150.00

DOCUMENT # P05000119178

1. Entity Name

SOUTH NASSAU LAND INTERESTS, INC.



Principal Place of Business
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

Mailing Address
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3357614

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

MOORE, SHIRLEY
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	<input type="checkbox"/> Delete
NAME	MOORE, SHIRLEY	
STREET ADDRESS	4595 LEXINGTON AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	DIP	<input type="checkbox"/> Delete
NAME	Doug Milne	
STREET ADDRESS	4595 Lexington Ave	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	DIV	<input type="checkbox"/> Delete
NAME	Jack Milne	
STREET ADDRESS	4595 Lexington Ave	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	DIVTS	<input type="checkbox"/> Delete
NAME	Joe Milne	
STREET ADDRESS	4595 Lexington Ave	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

DJ Milne DJ Milne

4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #