

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90349 001 ***750.00

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



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

MOORE, SHIRLEY
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOORE, SHIRLEY
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MILNE, DOUG
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MILNE, JACK
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
MILNE, JOE
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 4/25/07 904.387.5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #