

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119178

FILED
Apr 30, 2009
Secretary of State

Entity Name: SOUTH NASSAU LAND INTERESTS, INC.

Current Principal Place of Business:

4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-3357614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, SHIRLEY
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MILNE, DOUG
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: MILNE, JACK
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: AVP () Delete
Name: MILNE, JOE
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: EVANS, MARY M
Address: 77 E. ANDREWS DR. #392
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOUGLAS J MILNE

_____ Electronic Signature of Signing Officer or Director

D/P

04/30/2009

_____ Date