



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

05-01-2008 90180 020 ***150.00

DOCUMENT # P07000064445			
1. Entity Name NANCA INC			
Principal Place of Business 610 S DORT FLINT, MI 48503 US		Mailing Address 610 S DORT FLINT, MI 48503 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ATCHISON, GERALD K 107 LAS PALMAS MERRITT ISLAND, FL 32953 <i>Correct information</i>		Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named party 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 obligation			
SIGNATURE _____		DATE <u>4-12-08</u>	
FILE NOW!!! FEB IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ANAGNOSTOPOULOS, ANNA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1755 BROOKSIDE DR.	NAME	
STREET ADDRESS	FLINT, MI 48503	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SEC ANAGNOSTOPOULOS, VASILIOS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1755 BROOKSIDE DR.	NAME	
STREET ADDRESS	FLINT, MI 48503	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <u>A. Anagnostopoulos</u>		Date: <u>4-12-08</u> Phone: <u>810-767-8651</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66012875

 01032008 Chg-P CR2E034 (12/08)

FBI Number 26-0271597 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required