


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90001 024 ***150.00

DOCUMENT # P08000000017

1. Entity Name
NASH'S WHOLESALE, INC.




Principal Place of Business Mailing Address
8775 S. LONGBRANCH AVE. **8775 S. LONGBRANCH AVE.**
INVERNESS, FL 34452 US **INVERNESS, FL 34452 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2392 Oakland dr. Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1221

City & State City & State
Palm Harbor FL City & State
 Zip Country Zip Country
34683 US

400000



01312008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

USA-RA, LLC
841 PRUDENTIAL DR.
FLR. 12-6491007
JACKSONVILLE, FL 32207

4. FEI Number Applied For -
26-1657256 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, ADAM J		NAME	Nash, Adam J	
STREET ADDRESS	8775 S. LONGBRANCH AVE.		STREET ADDRESS	2392 Oakland dr. Apt. 1221	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP	Palm Harbor, FL 34683	
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		
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:  **2/19/08** **703-862-9327**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #