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FOR PROFIT CORPORATION ANNUAL REPORT

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000045795

1. Entity Name
Nancy Eddy, Inc.

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000226237300
03/26/12--01027--008 **600.00

FR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
371 Tarpon Ave	371 Tarpon Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Grande, FL	City & State: Boca Grande, FL
Zip: 33921 County:	Zip: 33921 County:

4. FEI Number: 04-3052610 Applied For / Not Applicable

5. Certification of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Brian G. Cheslack
Street Address (P.O. Box Number is Not Acceptable): 1201 George Bush Blvd
City: Delray Beach FL Zip Code: 33483

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 _____ Date

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address:
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	P/S/T
NAME	Nancy C. Eddy
STREET ADDRESS	371 Tarpon Avenue
CITY-ST-ZIP	Boca Grande, FL 33921
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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MAR 2 6 2012

S. PRATHER

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Nancy C. Eddy President 3/16/12 941 964 2455
(SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (SEE INSTRUCTIONS)) DATE Daytime Phone #