2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 09, 2006 8:00 am **DOCUMENT # P93000024691** Secretary of State 1. Entity Name 02-09-2006 90027 011 ***150.00 T. J. OF NASSAU, INC. Mailing Address Principal Place of Business 3032 S. 8TH ST / A1A PO BOX 653 4001-FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3221041 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LASSERRE, JON C Street Address (P.O. Box Number is Not Acceptable) 3032 S. 8TH ST / A1A FERNANDINA BEACH, FL 32034 City 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. rnene SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE ☐ Change Addition LASSERRE, JON C NAME NAME 3032 S. 8TH ST / A1A STREET ADDRESS STREET ADDRESS CITY-ST-7IP FERNANDINA BEACH, FL 32034 CITY-ST-7IP ロソヤ Change ☐ Addition TITLE ☐ Detete TITLE lasserpe. OHALUES LASSERRE, CHARLES NAME NAME STREET ADDRESS 3032 S. 8TH ST / A1A STREET ADDRESS FERNANDINA BEACH, FL 32034 CITY-ST-ZIP FEZNANDINA BEACH FU 32034 CITY-ST-ZIP DS ☐ Delete LASSERNE, JULIE LASSERRE, JULIE NAME NAME 2021 HIGHLAND DRIVE STREET ADORESS 3032 S. 8TH ST / A1A STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP FERNANDINA BEACH, FL 32034 MLE ☐ Delete me ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 affect 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: On C. fanone 2/7/06