

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071315

Entity Name: NATIONS FINANCIAL, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

10769 BEACH BLVD
12
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

10769 BEACH BLVD
12
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 65-0445397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, RONALD E
10769-12 BEACH BLVD
JACKSONVILLE, FL 32246 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: P () Delete
Name: RONALD E MOORE,
Address: 10769-12 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32246

Title: VTS () Delete
Name: DEGNAN, TINA
Address: 10769-12 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOORE, RONALD E
Address: 10769-12 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32246

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TINA DEGNAN

VTS

01/28/2005

Electronic Signature of Signing Officer or Director

_____ Date