

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2004 8:00 am
Secretary of State

06-17-2004 90002 032 ***550.00

DOCUMENT # P94000049107

1. Entity Name
NANTUCKET RESOURCES, INC.



Principal Place of Business
**1234 LIVE OAK DR
JACKSONVILLE, FL 32246 US**

Mailing Address
**1234 LIVE OAK DR
JACKSONVILLE, FL 32246 US**

54057761



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3253024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NICHOLS, ROBERT C
9650 ATLANTIC BLVD
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIDSON, MICHAEL F
STREET ADDRESS	9650 ATLANTIC BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32225

TITLE	DS
NAME	NICHOLS, ROBERT C
STREET ADDRESS	9650 ATLANTIC BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32225

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE:

Robert C. Nichols
ROBERT C. NICHOLS

Date

Daytime Phone #

3-3-04 9047253060