


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90037 033 \*\*\*150.00

<b>DOCUMENT # P97000037333</b>	
1. Entity Name <b>NASCO INVESTMENTS, INC.</b>	

Principal Place of Business <b>1415 E VINE ST KISSIMMEE FL 34744 US</b>	Mailing Address <b>1415 E VINE ST KISSIMMEE FL 34744 US</b>
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2. Principal Place of Business - No P.O. Box # <b>4200 W. Vine St.</b>	3. Mailing Address <b>2084 Keel Way</b>
Suite, Apt. #, etc. <b>Kissimmee Fl</b>	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <b>Kissimmee Fl</b>	City & State <b>Kissimmee Fl</b>
Zip <b>34744</b>	Country <b>Osceola</b>
Zip <b>34744</b>	Country <b>Osceola</b>

4. FEI Number <b>59-3440449</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>NASSER, SAM H 2300 GRANADA BLVD KISSIMMEE FL 34746</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>SAM NASSER</i> Signature, typed or printed name of registered agent and title, if applicable.	DATE <b>3/3/08</b> (NOTE: Registered Agent signature required when rechartering)

<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASSER, SAM H 2084 KEEL WAY KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLISON, ANGELIA 2084 KEEL WAY KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <i>SAM NASSER</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <b>3/3/08</b> Date	DAYTIME PHONE: <b>407 931 1919</b> Daytime Phone #
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