

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90334 001 ***450.00

DOCUMENT # P97000101694

1. Entity Name
TSB OF NASSAU COUNTY, INC.



Principal Place of Business
313 OTTER RUN DRIVE
FERNANDINA BEACH, FL 32034

Mailing Address
PO BOX 818
YULEE, FL 32041-0818

66012745



2. Principal Place of Business - No P.O. Box #

95540 Clements Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007

Chg-P

CR2E034 (12/06)

City & State

Fernandina Bch, FL

City & State

4. FEI Number

59-3488483

Applied For

Not Applicable

Zip
32034

Country
Nassau

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POOLE, WESLEY R
303 CENTRE ST., SUITE 200
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2007 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 ☐ Delete
NAME BROUSSARD, TERRY E
STREET ADDRESS 313 OTTER RUN DR
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE STD ☐ Delete
NAME BROUSSARD, SEWARD L
STREET ADDRESS 313 OTTER RUN DR
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 95540 Clements Rd
CITY-ST-ZIP Fernandina Bch, FL 32034

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

904-261-4698

Daytime Phone #