2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000042556

1. Entity Name
NALTRON SOUTH CORP.

Principal Place of Business	Mailing Address
5401 W. KENNEDY BLVD., STE. 1060 TAMPA, FL 33609	5401 W. KENNEDY BLVD., STE. 1060 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

04262004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3519309	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NALLS, STEVE
5401 W. KENNEDY BLVD., STE. 1060
TAMPA, FL 33609

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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 _Steven P. Nalls_   _President_   _4-27-04_

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	D
NAME	FLEMING, ALAN
STREET ADDRESS	416 RIO VILLA BLVD
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	D
NAME	NALLS, STEVE
STREET ADDRESS	5401 W. KENNEDY BLVD., STE. 1060
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	REYES, OSCAR
STREET ADDRESS	13201 SW 30 CT
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80135-023 150.00

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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 all other like empowered.

SIGNATURE: _Steven P. Nalls_   _4-27-04_   _813-287-1433_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #