FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

DOCUMENT # 7990000 26989

1. Entity Name

CITY-ST-ZIP

NAT& YAL, INC.



FILED May 05, 2005 8:00 am Secretary of State

05-05-2005 90107 028 ***150.00

of Business ENHAM & EAST	3. Mailing Address 7833 DENHAM Rd. East	ち のかんかっ		
c.	Suite, Apt. #, etc.	DO NOT WRITE N 04 927		
	City & State	4 FEI Number		

2. Principal Place of Business 7833 DENHAM RJ : East		3. Mailing Address 7833 DENHAM Rd. East			DO NOT WRITE N 0.4 9273				
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State JACKSonville FL		City & State Speksouville FL				El Number 9 - 3362488	Applied For Not Applicable		
37709	8	Du VAL	32208	Cou	ntry IVAL	5 . Ce		\$8.75 Additional Fee Required	
- DO-NOT-WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name WARCEN L . Jones Street Address (P.O. Box Number is Not Acceptable) 7833 Deuhan Rd . East City Jacksonville FL Zip Code 3 2108 gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE Wankin L. Jones (NOTE Registered Agent signature required when reinstating) DATE ODATE									
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS				HOLE Hegister	eo agait signatu	e required when rem	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
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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 supplement of 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 on an attachment with an address, with all of lier like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE**