



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-05-2005 90054 032 ***150.00

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|---|--|--|---|---|--|
| DOCUMENT # V06940 1. Entity Name NASSAU SAND & STONE COMPANY, INC. | | | |  | |
| Principal Place of Business 11 SOUTH 7TH STREET FERNANDINA BEACH, FL 32034 US | | | Mailing Address 11 SOUTH 7TH STREET FERNANDINA BEACH, FL 32034 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 97245 BLACKBERRY WAY Suite, Apt. #, etc. City & State YULEE FLORIDA Zip Country 32097 U.S.A. | | | |
|  | | | | | |
| | | 03012005 | | Chg-P | |
| | | CR2E034 (10/03) | | | |
| | | 4. FEI Number 59-3103610 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP NELSON, ALBERT F 11 SOUTH 7TH STREET FERNANDINA BEACH, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BLACKWELDER, LYNETTE B 11 SOUTH 7TH STREET FERNANDINA BEACH, FL | <input type="checkbox"/> Delete | | | |
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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: <u>Albert F Nelson</u> ALBERT F NELSON <u>3-31-05</u> (904) 608-0766 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |