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# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

5) **FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90420 005 \*\*\*150.00

<b>DOCUMENT # P05000119178</b>					
1. Entity Name <b>SOUTH NASSAU LAND INTERESTS, INC.</b>					
Principal Place of Business <b>4595 LEXINGTON AVE JACKSONVILLE, FL 32210</b>			Mailing Address <b>4595 LEXINGTON AVE JACKSONVILLE, FL 32210</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-3357614</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MOORE, SHIRLEY 4595 LEXINGTON AVE JACKSONVILLE, FL 32210</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MOORE, SHIRLEY</b>	NAME			
STREET ADDRESS	<b>4595 LEXINGTON AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>DIP</b>	NAME			
STREET ADDRESS	<b>4595 Lexington Ave</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>DIV</b>	NAME			
STREET ADDRESS	<b>4595 Lexington Ave</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>DIVS</b>	NAME			
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CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>	CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>DJ Milne</u>		Date: <u>4/28/06</u>		Daytime Phone #	
SIGNATURE (Typed or Printed Name of Officer, Director or Director)		Date		Daytime Phone #	

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