

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453575

Entity Name: NASH, INC.

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

3494 N HWY 301
COLEMAN, FL 33521

New Principal Place of Business:

Current Mailing Address:

P O BOX 98
COLEMAN, FL 33521

New Mailing Address:

FEI Number: 59-1584701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASH, JAMES C
15351 SE 47 AVE
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NASH, JAMES C
Address: 15440 SE 36TH AVENUE
City-St-Zip: SUMMERFIELD, FL

Title: SD () Delete
Name: NASH, SUSAN E
Address: 15440 SE 36TH AVE
City-St-Zip: SUMMERFIELD, FL

Title: V () Delete
Name: MEARS III, DAVID J.
Address: 3100 E. COUNTY HWY 316
City-St-Zip: CITRA, F

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. NASH

PRES

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date