


**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # P02000059920**  
 1. Entity Name  
**A1A NASSAU SHED, INC.**



**FILED**

04 DEC 23 AM 11:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



11082004 Chg-P CR2E034 (10/03)

Principal Place of Business  
**A1A NASSAU SHEDINE  
 463169 SR 200  
 YULEE, FL 32097**

Mailing Address  
**P.O. BOX 335  
 YULEE, FL 32041**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**04-3675921**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**TOMASSETTI, JEFFERY A  
 406 ASH ST  
 FERNANDINA BEACH, FL 32034**

7. Name and Address of Now 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 \_\_\_\_\_ DATE \_\_\_\_\_

**400044676074  
 01/13/05--01019--002 \*\*70.00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

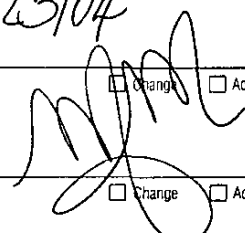
10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SIMMONS, BILL	
STREET ADDRESS	353 MANSON LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 322202066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, WAYMON W.	
STREET ADDRESS	2317 Creek Dr	
CITY-ST-ZIP	Yulee, FL 32097	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTIE, MATTHEW	
STREET ADDRESS	1209 ARUBA CT.	
CITY-ST-ZIP	JAX'S FL, 32226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*12/23/04*



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Waymon W. Simmons **12-20-04** **904-225-2522**

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